### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

### **Purpose of this Form**

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, Social Security Number, and date and place of birth.

### **Authority to Request this Information**

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.

### The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

### Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

### Instructions for Completing this Form

- Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

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- The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

### Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when granting access to classified information

### Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

### **Disclosure Information**

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

### Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to

- classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- I. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.

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- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
  - (1) OPM, or any component thereof; or
  - (2) Any employee of OPM in his or her official capacity; or
  - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
  - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

- To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

### **Public Burden Information**

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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5 CFR Paris 731, 732, ar	5 CFR Parts 731, 732, and 736																						
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### PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject YES NO to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. Section 1 - Full Name Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First name Middle name Suffix Section 2 - Date of Birth Section 3 - Place of Birth Provide your date of Provide your place of birth. County State birth. (Month/Day/Year) City Country (Required) Est. Section 4 - Social Security Number Provide your U.S. Social Security Number. Not applicable Section 5 - Other Names Used Have you used any other names? YES NO (If NO, proceed to Section 6) Complete the following if you have responded 'Yes' to having used other names. Provide your other name(s) used and the period of time you used it/them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix. #1 Last name First name Middle name Suffix From (Month/Year) Maiden name? Provide the reason(s) why the name changed To (Month/Year) Present ☐YES ☐ NO Est. Est. Suffix #2 Last name First name Middle name From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES NO Est. Est. #3 Last name Middle name Suffix First name From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES □ NO Est. Est. #4 Last name First name Middle name Suffix From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES NO Est. Est. Section 6 - Your Identifying Information Provide your identifying information. Height Weight (in pounds) Hair color Eve color Sex Female Male (inches) (feet)

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Section 7 - Your Contact Information							
Provide your contact information. Email addresses	may be used a	s a contact m	ethod, and id	entify subje	ct in records.		
Home e-mail address			Work e-mail	address			
Provide three contact numbers. At least one teleph background investigation.	one number is	required. Addi	tional numbe	rs provided	may assist in the completion of yo	our	
International or DSN phone number	 	nal or DSN pho	one number		International or DSN phone	number	
Home telephone number Extension Day	Work telepho		Extension	Day	Mobile/Cell telephone number		
—				Night		Night	
Section 8 - U.S. Passport Information							
Do you possess a U.S. passport (current or expire	4)2						
YES NO (If NO, proceed to Section 9)	-).						
Provide the following information for the most rece							
Passport number Issue da	te (Month/Day/Y	1 '	on date <i>(Mont</i>	_	The following link will provide U.S	S. State Department	
		Est.		Est.	passport help. http://travel.state.	<u>gov/passport</u>	
Provide the name in which passport was first issue	d.						
Last name	First name I			I N	⁄liddle name	Suffix I	
Section 9 - Citizenship							
Select the box that reflects your current citizenship	status.						
I am a U.S. citizen or national by birth in the U (Proceed to Section 10)	J.S. or U.S. terr	itory/common	wealth.	lam	a derived U.S. citizen. (Complete 9	9.3)	
I am a U.S. citizen or national by birth, born to (Complete 9.1)	U.S. parent(s)	, in a foreign c	country.	lam	not a U.S. citizen. (Complete 9.4)		
I am a naturalized U.S. citizen. (Complete 9.2)							
9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.							
Provide type of documentation of U.S. citizen bo	rn abroad.						
☐ FS 240 ☐ DS 1350 ☐ FS 545	Other (Prov	vide explanatio	on) ▶				
Provide document number for U.S. citizen born	abroad.	Provide the d	ate the docur	ment was is	ssued. (Month/Day/Year)		
Provide the place of issuance. (Provide City and C	ountry if outside t	L	s otherwise pr	ovide City an			
City	State	Country	o, carorinoc, pr	orrac only an			
Provide the name in which document was issue	ld.						
Last name	First name			. 1	Middle name	Suffix	
Provide your Certificate of Citizenship number.	Provide the d	ate the certific	ate was issue	ed. (Month/D	lay/Year)		
					Est.		
Provide the name in which the certificate was is:	sued.						
Last name	First name			1	Middle name	Suffix 	
	<u> </u>						
Were you born on a U.S. military installation?	Provide the n	ame of the ba	se.				
YES NO (If NO, proceed to Section 10)							
Enter your Social Security Number before g	oing to the n	ext page -					

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Section 9 - Citizenship - (Continued)					
9.2 Complete the following if you answered	I that you are a <b>naturalized U.S. ci</b>	tizen.			
Provide the date of entry into the U.S.	Provide the location of entry into	the U.S.			
(Month/Day/Year)	City	State			
Provide country(ies) of prior citizenship.	<u> </u>				
#1 Country		#2 Country			
Do/did you have a U.S. alien registration nu	ımber?				
	S. alien registration number on Cer ISCIS, CIS, or INS registration, I-55				
Provide your Certificate of Naturalization nu	umber (N550 or N570). Provide	e the date the Certifica	te of Naturaliz	zation was issued. (Mon	th/Day/Year)
Provide the name of the court that issued the	ne Provide the address of the c	ourt that issued the Ce	ertificate of Na	aturalization.	
Certificate of Naturalization.	Street	City		State	Zip Code
Provide the name in which the Certificate o	f Naturalization was issued.	<b>'</b>		•	•
Last name	First name		Middle name	e	Suffix
Provide the basis of naturalization.  Based on my own individual naturalizat	ion application				
☐ Other (Provide explanation) ▶					
9.3 Complete the following if you answere	d that you are a derived U.S. citize	en.			
Provide your alien registration number (on Citizenship — utilize USCIS, CIS or INS reg		Permanent Resident C		Provide your Certificate number (N560 or N561	
Citizenship — utilize 03013, Cl3 01 IN3 Te	gistration number) number (1-55)	')		number (N300 of N30)	,
Provide the name in which the document w Last name	ras issued. First name		Middle nam		Suffix
Last Hame	I list hame			G	
Provide the date document was issued (M	· · · · · · · · · · · · · · · · · · ·	of derived citizenship.			
		of law through my U.S.	citizen parent	t	
	Other (Provide	explanation) •			
9.4 Complete the following if you answere	d that you are <b>not a U.S. citizen</b> .				
Provide your residence status. Provide	your date of entry in the U.S. (Mont	· · · ·	Est.		
Provide country(ies) of citizenship.					
#1 Country		#2 Country			
Provide your place of entry in the U.S.		Provide your alien re	egistration	Provide document ex	piration
City	State	number (I-551, I-766		date (I-766 ONLY) (	Month/Day/Year)
Provide type of document issued. (I-94, U.		2019, etc.)			
☐ I-94 ☐ U.S. Visa (red foil number) ☐ ☐ Other (Provide explanation) ▶	] I-20   DS-2019				
	Provide the date document was iss	ued (Month/Day/Year)	Provide d	ocument expiration dat	e. (Month/Dav/Year)
		Est.		·	Est.
Provide the name in which the document w					-
Last name	First name		Middle name	е	Suffix 

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 10 - Dual/Multiple Citizenship & Foreign Passport Information							
1 Do you now or have you <b>EVER</b> held dual/multip	le citizenships?			YES	NO (If NO	D, proceed to	10.2)
Complete the following if you answered 'Yes' to ha	ving EVER held dual/m	nultiple citizenships.					
Entry #1							
Provide country of citizenship.		During what per (Provide the date was acquired thr	range tha	at you held th	is citizenship, b	eginning w	ith the dat
How did you acquire this non-U.S. citizenship you n	ow have or previously h	ad? From Date (Mon	h/Year)	Est.	To Date (Mor	nth/Year)	Pres
Have you taken any action to renounce your foreig	n citizenship?	•			'		
YES NO Provide explanation:							
Do you currently hold citizenship with this country?	)						
YES NO Provide explanation:							
Entry #2							
Provide country of citizenship.		During what per (Provide the date was acquired thr	range the	at you held th	is citizenship, b "Present," whic	oeginning w chever is ap	ith the dat
How did you acquire this non-U.S. citizenship you n	ow have or previously h	Prom Date (Mon	th/Year)	Est.	To Date (Mor	nth/Year)	Pres
Have you taken any action to renounce your foreig	n citizenship?						
YES NO Provide explanation:							
Do you currently hold citizenship with this country?	)						
YES NO Provide explanation:  2 Have you EVER been issued a passport (or ideal		-		YES	NO (If NO,		Section 11
2 Have you EVER been issued a passport (or ideal Complete the following if you answered 'Yes' to ha	iving been issued a pas	sport (or identity card fo	or travel) l	by a country	other than the	U.S.	
2 Have you EVER been issued a passport (or ideal Complete the following if you answered 'Yes' to ha	iving been issued a pas	-	or travel) l	by a country	other than the	U.S.	
2 Have you EVER been issued a passport (or ideal Complete the following if you answered 'Yes' to ha	iving been issued a passity card) was issued.	sport (or identity card fo	or travel) l	by a country	other than the	U.S.	onth/Day/Y
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) was	ity card) was issued.	sport (or identity card fo	or travel) I	by a country	other than the	U.S.	onth/Day/Y
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card)  Last name	ity card) was issued.  as issued.	sport (or identity card fo	or travel) lee the pass Country Middle n	by a country sport (or iden	other than the	U.S. issued. (Ma	enth/Day/Y
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card  Last name  Provide the passport (or identity card) number.  Have you EVER used this passport (or identity card  YES NO	rity card) was issued.  as issued.  rd) was issued.  First name	Provide the date	Country  Middle n	by a country sport (or iden	other than the	U.S. issued. (Ma	onth/Day/Y
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card  Last name  Provide the passport (or identity card) number.  Have you EVER used this passport (or identity card  YES NO  Provide the countries to which you traveled on this	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date  Provide the pase	Country  Middle n	by a country sport (or iden	other than the	U.S. issued. (Ma	enth/Day/Y
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card)  Last name  Provide the passport (or identity card) number.  Have you EVER used this passport (or identity car  YES NO  Provide the countries to which you traveled on this  Country	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date	c the pass Country Middle n sport (or i	by a country sport (or iden	other than the	Suffix te. (Month/D	ay/Year)
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card  Last name  Provide the passport (or identity card) number.  Have you EVER used this passport (or identity card  YES NO  Provide the countries to which you traveled on this  Country  #1	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date  Provide the pase	ce the pass Country Middle n sport (or i	by a country sport (or iden	other than the	Suffix    Suffix   Lee. (Month/D	ay/Year)  Est.  Present
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card)  Last name  Provide the passport (or identity card) number.  Have you EVER used this passport (or identity car  YES NO  Provide the countries to which you traveled on this  Country  #1	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date  Provide the pase	Country  Middle n sport (or i	by a country sport (or iden	other than the	Suffix  Le. (Month/D  Est.   Est.   Est.	ay/Year)  Present  Present
2 Have you EVER been issued a passport (or identification of the country in which the passport (or identification of the passport of the passport (or identification of the passport of the passport (or identification of the passport o	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date  Provide the pase	Country  Middle n sport (or i	by a country sport (or iden	other than the	Suffix Suffix Le. (Month/D Est.  Est.  Est.  Est.	ay/Year)  Est  Present  Present
2 Have you EVER been issued a passport (or idea  Complete the following if you answered 'Yes' to ha  Entry #1  Provide the country in which the passport (or ident  Provide the place the passport (or identity card) wa  City  Provide the name in which passport (or identity card  Last name  Provide the passport (or identity card) number.  Have you EVER used this passport (or identity card  YES NO  Provide the countries to which you traveled on this  Country  #1  #2  #3  #4	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date  Provide the pase	country  Middle n  sport (or i  ved with o  Est.  Est.  Est.  Est.	by a country sport (or iden	other than the	Suffix Suffix Le. (Month/D Est.  Est.  Est.  Est.  Est.  Est.  Est.	ay/Year)  Present  Present  Present
2 Have you EVER been issued a passport (or identification of the country in which the passport (or identification of the passport of the passport (or identification of the passport of the passport (or identification of the passport o	ity card) was issued.  as issued.  rd) was issued.  First name  rd) for foreign travel?	Provide the date  Provide the pase	Country  Middle n sport (or i	by a country sport (or iden	other than the	Suffix Suffix Le. (Month/D Est.  Est.  Est.  Est.	enth/Day/Y

### QUESTIONNAIRE FOR

Provide the place the passport (or identity card) was issued.  Provide the name in which passport (or identity card) was issued.  Provide the passport (or identity card) was issued.  Provide the passport (or identity card) number.  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)    Est	rovide country in which the passport (or identity card) was issued.  Provide the date the passport (or identity card) was issued.  Country  Country  Middle name  Suffix  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)  Suffix  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  Suffix  To date (Month/Year)  Est.  Suffix  Fix name  Provide the cach.  Country  From date (Month/Year)  Suffix  Fix name  Fix name  Suffix  Fix name  Suffix  Fix name  Fix name  Fix name  Suffix  Fix name  Fix name	on 10 - Dual/Multiple Citizenship & Foreign P	assport Information - (Co	ontinued)			
Provide the passport (or identity card) was issued.  Provide the passport (or identity card) was issued.  Country  Provide the name in which passport (or identity card) was issued.  Provide the name in which passport (or identity card) was issued.  Provide the passport (or identity card) was issued.  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)    Est	Provide the passport (or identity card) was issued.    Provide the passport (or identity card) was issued.   Provide the passport (or identity card) was issued.   Provide the passport (or identity card) was issued.   Country	omplete the following if you answered 'Yes' to ha	ving been issued a passpo	ort (or identity card for	travel) b	y a country other thar	the U.S.
Provide the place the passport (or identity card) was issued.  Provide the name in which passport (or identity card) was issued.  Provide the passport (or identity card) was issued.  Provide the passport (or identity card) number.  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)    Est	country  Country  Country  Country  Country  Middle name  Suffix  Suffix  Provide the passport (or identity card) was issued.  Suffix  Provide the passport (or identity card) number.  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)  Est  Surveyou EVER used this passport (or identity card) for foreign travel?  YES NO  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  Set.  Est.  Est.  Present  Set.  Present  Set.  Est.  Present  Set.  Present	itry #2					
City Country  Provide the name in which passport (or identity card) was issued.  Last name First name Middle name Suffix  Provide the passport (or identity card) number.  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)  Est  Have you EVER used this passport (or identity card) for foreign travel?  YES NO  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country From date (Month/Year) To date (Month/Year)  Est. Presen  #2  Est. Presen  #3  Est. Presen	rovide the name in which passport (or identity card) was issued. ast name  First name  First name  Middle name  Suffix  Provide the passport (or identity card) expiration date. (Month/Day/Year)  Est lave you EVER used this passport (or identity card) for foreign travel?  YES NO  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  To date (Month/Year)  Est.  Present	ovide country in which the passport (or identity o	card) was issued.	Provide the date	the pass	port (or identity card)	was issued. (Month/Day/Yea
Provide the passport (or identity card) number.  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)  Est  Have you EVER used this passport (or identity card) for foreign travel?  YES NO  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  To date (Month/Year)  Est. Presentation  Est. Presentation  Est. Presentation  Est. Presentation  Est. Presentation  Est. Presentation	First name  First name  First name  Middle name  Suffix  Provide the passport (or identity card) number.  Provide the passport (or identity card) expiration date. (Month/Day/Year)  Est  lave you EVER used this passport (or identity card) for foreign travel?  YES NO  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  To date (Month/Year)  Est.  Present  Suffix  Middle name  Suffix  Month/Day/Year)  Est  Est  Present  Est  Present  Est.  Est.  Present  Est.  Present  Est.  Est.  Present  Est.  Present  Est.  Present  Est.  Est.  Present  Est.  Present  Est.  Est.  Present  Est.  Present  Est.  Present		as issued.	(	Country		
Have you <b>EVER</b> used this passport (or identity card) for foreign travel?  YES NO  Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  To date (Month/Year)  Est. Presentation  Est. Presentation  Est. Presentation	Est				Middle na	ame	Suffix
Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  Est.  Presentation  Est.  Est.  Presentation  Est.  Est.  Presentation  Est.  Est.	YES NO Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country From date (Month/Year) To date (Month/Year)  Est. Present	ovide the passport (or identity card) number.		Provide the pass	port (or i	dentity card) expiration	
Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.  Country  From date (Month/Year)  Est. Presented  Est. Prese	Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.    Country	ave you <b>EVER</b> used this passport (or identity car	rd) for foreign travel?				
Country         From date (Month/Year)         To date (Month/Year)           #1	Country         From date (Month/Year)         To date (Month/Year)           1	YES NO					
Est.   Presented	1	rovide the countries to which you traveled on this	s passport (or identity card)	and the dates involv	ed with e	each.	
#2	Est.   Est.   Present	Country	From	date (Month/Year)		To date (Month/Year)	
#3	Est.   Present				Est.		Est. Present
Est. Est. Presen	Est.   Present	1			Est.		Est. Present
	Est.   Est.   Present				Est.		Est. Present
<u> </u>	5 Est. Est. Present				Est.		Est. Present
#5 Est. Est. Presen					Est.		Est. Present
					Est.		Est. Present
					<u> </u>		

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Enter residence information.					
Entry #1					
Provide dates of residence.	Is/was t	his residence:			
From Date (Month/Year) To Date (Month/Year)			d or leased by you		
Est.			(Provide explanatio	on) <b>&gt;</b>	
Provide the street address. (Provide City and Country i		<u> </u>	•		
Street	City	State	Zip Code	Country	
If you have indicated an APO/FPO address, comple	ete <b>(a)</b> . If you have indica	ted an address outside o	of the United States	, complete (b).	
(a) Provide physical location data with street addre	ess, base, post, embassy,	unit, and country locatio	on or home port/flee	t headquarter. (Provide	City and Country
if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	tate and Zip Code for ports in City or Post Name		Zip Code	Country	
Outour Address, Office day Essention			_ip		
(b) Did you have an APO/FPO address while at thi	s location?				
YES Address	s location:	APO or FPO	APO/FP	O State Code	Zip Code
NO NO					
Provide the name of a neighbor, landlord (if rental)	or other person who know	lws you at this address		Provide date of	last contact
Last name First name		Middle name	Suffix	(Month/Year)	
					Est.
Provide your relationship to this person (Check all	that apply).	<u> </u>		<u> </u>	
│ Neighbor	Business associate	Other (Provide exp	olanation) ▶		
Provide the following contact information for this pe	erson		,		
I don't know	I don't know			ow	
☐ International or DSN phone number	International or DSI	N phone number	Internatio	nal or DSN phone nu	mber
Evening telephone number Extension	Daytime telephone num	nber Extensi	ion Cell/mobile te	elephone number	Extension
Provide e-mail address for this person.		'	'		<u>'</u>
		☐ I do	on't know		
Provide street address for this person (including ap	eartment number). (Provide	City and Country if outside t	the United States; other	rwise, provide City, State	and Zip Code.)
Street	City	State	Zip Code	Country	
If you have indicated an APO/FPO address, comple	ete (a). If you have indicate	ted an address outside o	of the United States	, complete (b).	
(a) Provide physical location data with street addre			on or home port/flee	t headquarter. (Provide	City and Country
if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	City or Post Name		Zip Code	Country	
,					
(b) Does the person who knew you have an APO/l	PO address?				
YES Address	r o address.	APO or FPO	, APO/FP	O State Code	Zip Code
□ NO					
			ı		

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have Lived - (Continued)									
Enter residence information.									
Entry #2									
Provide dates of residence.		Is/was this resi	dence:						
From Date (Month/Year) To Date (Month/Year)	) Present	Owned by	you 🗀	Rente	ed or lease	ed by you			
Est.	Est.	Military hou	ısing	Other	(Provide e	explanatio	n) <b>•</b>		
Provide the street address. (Provide City and Country	if outside the United S	States; otherwise,	provide City	, State a	and Zip Cod	'e.)			
Street	City		State	i i	Zip Code		Counti	ry	
If you have indicated an APO/FPO address, compl	ete <b>(a)</b> . If you hav	e indicated an	address o	utside	of the Unit	ed States	, compl	ete <b>(b)</b> .	
(a) Provide physical location data with street addre					on or home	e port/flee	t headq	uarter. (Provide	e City and Country
if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	State and Zip Code fo City or Post Nan	•			7in Cada		Count	m.	
Street Address/Offit/Duty Location	City of Post Nan	ile	State 	ľ	Zip Code		Counti 	У	
	<u> </u>								
(b) Did you have an APO/FPO address while at th	is location?	APO (	or FPO			APO/FF	O State	a Code	Zip Code
☐ YES →			7110				Oolaid	Code	Zip Code
NO									
Provide the name of a neighbor, landlord (if rental)  Last name  First name	•	,		lress.		C#:		Provide date of	last contact.
Last name First name	<del>;</del>		name			Suffix I	(4	Month/Year)	
									Est.
Provide your relationship to this person (Check all	that apply).								
☐ Neighbor ☐ Friend ☐ Landlord [	Business assoc	ciate Ot	her (Prov	∕ide ex	planation)	<b>•</b>			
Provide the following contact information for this pe	erson.								
I don't know	I don't knov	v				I don't kn	ow		
☐ International or DSN phone number	International	al or DSN phon	e number			Internatio	nal or D	OSN phone nu	mber
Evening telephone number Extension	Daytime teleph	one number		Extens	ion Cell	l/mobile te	elephon	e number	Extension
Provide e-mail address for this person.									
·				∏Id	on't know				
Provide street address for this person (including a	partment number)	(Provide City and	Country if	outside	the United S	States: other	rwise pro	ovide City State	and Zip Code )
Street	City	(i rornuo ony umo	State		Zip Code		Count	-	aa =.,p ====:,
If you have indicated an APO/FPO address, compl	oto (a) If you have	es indicated an	ddroon o	utoido	of the Unit	od Statoo	oomni	oto (b)	
(a) Provide physical location data with street address									e City and Country
if outside the United States; otherwise, provide City, S						, po.,		aa. 15.1 (1 1011a.	ony and country
Street Address/Unit/Duty Location	City or Post Nan	ne	State	į.	Zip Code		Counti	ry	
(b) Does the person who knew you have an APO/	FPO address?		1						
☐ YES → Address		APO	r FPO			APO/FF	O State	e Code	Zip Code
NO									
		I				1			

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have Lived	- (Continued)										
Enter residence information.											
Entry #3											
Provide dates of residence.			Is/was this re	sidence:							
From Date (Month/Year) To Da	ate (Month/Year)	Present	Owned b	y you [	Rent	ted or leas	ed by you				
Est.		Est.	Military h	ousing [	Othe	r(Provide	explanatio	n) 🕨			
Provide the street address. (Provide	City and Country is	f outside the United	States; otherwise	, provide C	ity, State	and Zip Co	 de.)				
Street		City		State	-	Zip Code	•	Cou	ntry		
If you have indicated an APO/FPO a	address, comple	ete (a). If you hav	ve indicated ar	address	outside	of the Un	ited States	. com	nplete (b).		
(a) Provide physical location data w	, , , , , , , , , , , , , , , , , , ,	` , ,						•	. ,	e City a	and Country
if outside the United States; otherwis			-		s.)			_			
Street Address/Unit/Duty Location	on	City or Post Nar I	me	State I		Zip Code I		Cou I	ntry		
(b) Did you have an APO/FPO add	ress while at thi	s location?	ADC	EDO			4 DO /EF	20.04	-1-0-1-	7:	S1 -
YES - Address			I APC	or FPO			APO/FF	-O St	ate Code	Zip (	Code
NO											
Provide the name of a neighbor, lan	_:		-		ddress.				Provide date of	f last o	contact.
Last name	First name	•	Midd I	lle name			Suffix I		(Month/Year)		_
											Est.
Provide your relationship to this per	son (Check all t	that apply).									
Neighbor Friend	Landlord	Business asso	ciate	Other (Pro	ovide ex	xplanation	) ▶				
Provide the following contact inform	ation for this pe	erson.									
I don't know		I don't kno	w				] I don't kn	ow			
International or DSN phone nun	nber	Internation	al or DSN pho	ne numbe	er		Internation	onal o	r DSN phone nu	mber	
Evening telephone number	Extension	Daytime teleph	none number		Exten	sion Ce	II/mobile te	elepho	one number	I	Extension
Provide e-mail address for this pers	on.					· · · · · ·					
						don't know	/				
Provide street address for this person	on (including ap	artment number)	. (Provide Citv a	nd Country	if outside	e the United	States: othe	rwise.	provide City. State	and Zi	p Code.)
Street	(9	City	. (	State		Zip Code		Cou			, ,
		_				'			-		
If you have indicated an APO/FPO a	addross comple	oto (a) If you hav	vo indicated a	addross	outsido	of the Un	ited States	Com	anloto (h)		
(a) Provide physical location data w		` '						•	. ,	e Citv a	and Country
if outside the United States; otherwis										,	
Street Address/Unit/Duty Location	on	City or Post Nar	me	State		Zip Code		Cou	ntry		
(b) Does the person who knew you	have an APO/F	PO address?		I							
☐ YES → Address			APC	or FPO			APO/FF	PO Sta	ate Code	Zip (	Code
☐ NO											
-			<u> </u>								

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have	Lived - (Continued)											
Enter residence information.												
Entry #4												
Provide dates of residence.			Is/was th	nis reside	ence:							
From Date (Month/Year)	To Date (Month/Year)	Present	Own	ed by yo	ou 🗀	Rente	ed or leas	ed by you				
Est.		Est.	Milita	ary hous	ing [	] Other	(Provide	explanatio	n) <b>&gt;</b>			
Provide the street address. (F	Provide City and Country if	outside the United	States; oth	erwise, pr	ovide Cit	, State a	and Zip Co	 de.)				
Street		City			State		Zip Code	•	Cou	ntry		
If you have indicated an APO	FPO address, comple	ete (a). If you ha	ve indicat	ed an ac	ddress o	utside	of the Un	ited States	. com	nplete (b).		
(a) Provide physical location	•										e City a	and Country
if outside the United States; of				the Unite	_							
Street Address/Unit/Duty	Location	City or Post Na	me	ı	State	ı.	Zip Code		Cou I	ntry		
(b) Did you have an APO/FP		s location?				•						
☐ YES → Addres	S		1	APO or	FPO			APO/FF	O St	ate Code	Zip C	ode
☐ NO												
Provide the name of a neighb	or, landlord (if rental)	or other person	who know	s you at	this add	dress.				Provide date of	f last c	ontact.
Last name	First name			Middle	name			Suffix		(Month/Year)		
												Est.
Provide your relationship to the	nis person (Check all t	hat apply).	'									
Neighbor Friend	Landlord	Business asso	ociate	Oth	er (Prov	vide ex	planation	) ▶				
Provide the following contact	information for this pe	rson.										
I don't know		I don't kno	ow				ı	I don't kn	ow			
International or DSN pho	ne number	Internation	nal or DSN	l phone	number			Internation	nal o	r DSN phone nu	mber	
Evening telephone number	Extension	Daytime telepl				Extens	ion Ce	•		one number		Extension
											1	
Provide e-mail address for thi	s person											
	-						on't know	ı				
Provide street address for this	e person (including an	artment number	) (Provide	City and (	Country if				nuice	provide City State	and 7ii	Code )
Street	s person (including ap	City	). (Flovide	City and C	State		Zip Code		Cou		anu zij	/ Code.)
						1	p			···· <b>'</b>		
16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/EDO 11						60 11			1 ( 4)		
If you have indicated an APO  (a) Provide physical location											o City o	and Country
if outside the United States; of							on or morn	ie port/liee	liica	aquarter. (F10000	- Ony a	ina Country
Street Address/Unit/Duty	Location	City or Post Na	me		State		Zip Code		Cou	ntry		
(b) Does the person who kne	w you have an APO/F	PO address?							l			
YES - Address		r o address.		APO or	FPO			APO/FF	O St	ate Code	Zip C	Code
□ NO												
											<u> </u>	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 12 - Where You Went to School					
Do not list education before your 18th birthday, unless to pro	ovide a minimum of two yea	rs of education	history.		
(a) Have you attended any schools in the last 10 years?	(b) Have yo	u received a de	egree or diploma moi	re than 10 years ago?	
YES NO	☐ YES ☐	NO (If NO to 1.	2(a) and 12(b), proceed	to Section 13A)	
Entry #1					
Provide the dates of attendance.	Select the most appro	oriate code to d	lescribe your school.		
From Date (Month/Year) To Date (Month/Year) Prese	ent High School		☐ Vocational/Ted	chnical/Trade School	
Est Est.	College/University	Military Colleg	e Corresponden	ce/Distance/Extension/Onli	ne School
Provide the name of the school.					
Provide the street address of the school. For corresponde assistance determining the school address, refer to <a href="http://provide City">http://provide City</a> , State and Zip Code.)					
Street City		State	Zip Code	Country	
For schools you attended in the last 3 years, list a person completed more than 3 years ago. For correspondence/d  Last name	who knew you at the school istance/extension/online scl First name	ol (instructor, st nools, list some	udent, etc.). Do not li one who knew you w	st people for education per hile you received this educ	iods cation.
Provide current address for this person (including apartme	ent number). (Provide City and				(ip Code.)
Street City		State 	Zip Code	Country	
Provide telephone number for this person.	I don't know	Provide email	address for this pers	on	on't know
Talanhana number - Extension -	∐∐I don't know onal or DSN phone number	i iovido ciriali	address for the pers		on t know
Day [	] Night				
Did you receive a degree/diploma?					
YES NO					
Provide type of degrees(s)/diploma(s) received and date(	· /	1			
Degree/diploma (High School Diploma, Associate's, Back Doctorate, Professional Degree (e.g. MD, DVM, JD), Oth		Other	degree/diploma	Date awarded (Month/Year)	Est.
	,			(	
Entry #2					
Provide the dates of attendance.	Select the most appro	oriate code to c	lescribe your school.		
From Date (Month/Year) To Date (Month/Year) Presi	ent High School		☐ Vocational/Ted	chnical/Trade School	
Est. Est.	College/University	/Military Colleg		ce/Distance/Extension/Onli	ne School
Provide the name of the school.					
Provide the street address of the school. For corresponde assistance determining the school address, refer to					

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 12 - Where You Went to School - (Continued)					
Entry #2 (Continued)					
Provide current address for this person (including apartment number). (I	Provide City and	d Country if outsi	de the United States; o	therwise, provide City, State and	Zip Code.)
Street City		State	Zip Code	Country	
Provide telephone number for this person.	- 14 Jon	Provide email	address for this per	son 🗆	
		1 TOVIGE CITIAII	addices for this per		on't know
International of Both pine	one number				
Day Night					
Did you receive a degree/diploma?					
YES NO					
Provide type of degrees(s)/diploma(s) received and date(s) awarded.					
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's	s,	011 1	/ P. J	D. ( ) ( ) ( ) ( )	
Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	,	Other de	egree/diploma	Date awarded (Month/Year)	Est.
Entry #3					
	most approp	riate code to c	lescribe your schoo	l.	
From Date (Month/Year) To Date (Month/Year) Present High S	 Salaaal			aloui a d'Tarada Oalaad	
				echnical/Trade School	
Est. Colleg	ge/University/	Military College	e Corresponde	nce/Distance/Extension/Onli	ine School
Provide the name of the school.					
Provide the street address of the school. For correspondence/distance/e	extension/onli	ne schools pro	ovide the address w	here the records are mainta	ined For
assistance determining the school address, refer to http://ope.ed.gov/acc					
provide City, State and Zip Code.)					
Street City		State	Zip Code	Country	
For schools you attended in the last 3 years, list a person who knew you	at the schoo	l (instructor, st	udent, etc.). Do not	list people for education per	riods
completed more than 3 years ago. For correspondence/distance/extension		ools, list some	one who knew you	while you received this educ	cation.
I don't know Last name Firs	st name				
Provide current address for this person (including apartment number). (Fig. 2)	Provide City and	d Country if outsid	de the United States; or	herwise, provide City, State and .	Zip Code.)
Street City		State	Zip Code	Country	
Provide telephone number for this person.	n't know	Provide email	address for this per	son.	on't know
Telephone number Extension International or DSN pho			·		01111111011
Day Night	one number				
Did you receive a degree/diploma?					
YES NO					
Provide type of degrees(s)/diploma(s) received and date(s) awarded.					
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's	S,	Other de	araa/dinlama	Data awardad (Manth Man)	Гot
Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)		Other de	egree/diploma	Date awarded (Month/Year)	Est.
					_ Ц

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 12 -	Where Yo	u Went to	School -	(Continued)
Jection 12 -	. AAIIGIG IO	u vveni io	School -	(Continueu)

Entry #4							
Provide the dates of atten	dance.		Select the most appro	priate code to	describe your schoo	l.	
From Date (Month/Year)	To Date (Month/Year)	Present	☐ High School		☐ Vocational/Te	echnical/Trade School	
Est.		Est.	College/University	/Military Collec	ge Corresponde	nce/Distance/Extension/Onli	ne Scl
Provide the name of the s	chool.						
						here the records are maintai	
assistance determining the provide City, State and Zip Cod		to <a href="http://ope">http://ope</a>	e.ed.gov/accreditation/se	earch.aspx (Pro	ovide City and Country if	foutside the United States; otherw	vise,
Street	<i>ao.</i> ,	City		State	Zip Code	Country	
For schools you attended	in the last 3 years, list	a person wh	o knew you at the school	ı ol (instructor, s	tudent, etc.). Do not	list people for education peri	iods
1 - 4	ears ago. For correspor name	dence/dista	nce/extension/online sc First name	nools, list som	eone who knew you	while you received this educ	ation.
☐ I don't know Last	Hame		I iist hame				
Provide ourrent address fo	or this person (including	oportmont	number) (Previde City or	d Country if outo	ide the United States at	therwise, provide City, State and 2	7in Coo
Street	or triis person (including	City	number). (Provide City ar	State	Zip Code	Country	zip Cod
					'		
Provide telephone numbe	r for this person.		I don't know	Provide emai	I I address for this per	rson.	n't kn
Telephone number	_ : .	nternational	or DSN phone number		·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ay 🗌 Nigl					
Did you receive a degree/	diploma?						
YES NO							
Provide type of degrees(s	s)/diploma(s) received a	and date(s) a	awarded.				
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month Vear)	Fe
	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Est
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Est
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Est
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es
Degree/diploma (High Sc	hool Diploma, Associat	e's, Bachelo		Other d	egree/diploma	Date awarded (Month/Year)	Es C

### QUESTIONNAIRE FOR

J.S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURITY	POSITIONS				
Section 13A - Employment Activities						
List all of your employment activities, including uner must be accounted for without breaks. If the employ duty station. Provide separate entries for employme before your 18th birthday unless to provide a minim	ment activity was military duty, list sent activities with the same employer	eparate employment activity per	riods to show each change of military			
Entry #1						
Select your employment activity:  Active military duty station (Complete 13A.1, 13A.5 and 13A.6)  National Guard/Reserve (Complete 13A.1, 13A. and 13A.6)  USPHS Commissioned Corps (Complete 13A. 13A.5 and 13A.6)  Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	13A.6)	3A.6) emplo 13A.3, 13A.5 and Other 13A.5 3A.4)	government employment (excluding self- nyment) (Complete 13A.2, 13A.5 and 13A.6) (Provide explanation and complete 13A.2, and 13A.6) ▼			
13A.1 Complete the following if employment type	is Active Duty, National Guard/Rese	erve, or USPHS Commissioned	Corps.			
Provide dates of employment.  From Date  (Month/Year)  To Date (Month/Year)	Select the employmenthis position:	nt status for Provide your ass	signed duty station during this period.			
Est.	Present Full-time  Est. Part-time	st. Part-time				
Provide address of duty station. (Provide City and C Street		ise, provide City, State and Zip Code.) tate Zip Code	Country			
Telephone number Exter	nsion	ne number				
If you have indicated an APO/FPO address, com  (a) Provide physical location data with street add if outside the United States; otherwise, provide City Street Address/Unit/Duty Location	dress, base, post, embassy, unit, and	d country location or home port/f				
(b) Do you or did you have an APO/FPO addres  ☐ YES → Address ☐ NO	s while at this location?  APO or	r FPO APO	/FPO State Code Zip Code			
Provide the name of your supervisor.	Provide	the rank/position title of your su	pervisor.			
Provide the email address of your supervisor.	l don't know Provide supervisor's t	telephone number. Extension	☐ International or DSN phone number☐ Day☐ Night☐			
Provide physical work location of your supervisor Street		United States; otherwise, provide City, tate Zip Code	State and Zip Code.) Country			
If you have indicated an APO/FPO address; prov port/fleet headquarter. (Provide physical location Street Address/Unit/Duty Location	data) (Provide City and Country if outside					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Emp	oloyment Activ	vities - (Co	ontir	nued	()									
13A.2 Complete	the following if	employme	nt ty	pe is	s other feder	ral employm	ent	, state	government, fe	deral contra	actor, no	n-governi	ment, or othe	r.
Provide dates of	employment.					1		ployn	nent status for	Provide m	nost rece	nt positio	n title.	
From Date (Month/Year)		To Date (Month/Ye	ar)			this position								
(World Vicar)	_	( <i>Month</i> 70	uij	l	Present	Full-tin				Provide th	ne name	of your e	mployer.	
	Est.				Est.	Part-tii								
Provide the addr Street	ess of employe	er. (Provide	City &	and C	Country if outsi City	de the United	Stat			y, State and 2 lip Code		Country		
					,							,		
Provide telephor	ne number	Extensi	ion		Interna	tional or DS	N p	hone	number					
					Day	Night								
same physica	I location (for eart per location)	xample, if	you	work	ed at XY PI	umbing in D	env	er, C	ctivity if you work O, during 3 sepa sition titles, and s	rate period	s of time	, you woι	ıld enter infor	mation
Not	From date (Mo	onth/Year)			To date (M	Ionth/Year)			Posi	tion Title			Supervi	sor
Applicable				Est.		[		Est.						
		-		Est.				Est.						
			=	Est.			<u> </u>	Est.						
				Est.				Est.						
(a) Is/was your p  YES  Provide the v  Street	NO (If NO,	, proceed to	(b))			•		City ar	od Country if outside State Z	e the United S ip Code	_	<i>erwise, pro</i> Country	ovide City, State	and Zip Code.)
	phone number		ldroo		Extension	Day		Night			o I Inito d	States	namalata (h. 2	
Country	e physical locat	ion data w ited States;	ith s	treet	address, ba , provide City	ase, post, er	nba	assy, i	ed an address o unit, and country ports in the United State	location or	home po		eadquarter. (	
· · · — ·	:S	e an APO ddress	/FPC	) add	dress while	at this location	on?		or FPO		APO/F	PO State	: Code	Zip Code
Provide the nam	e of your super	visor.						Provi	de the position t	itle of your	superviso	or.		I
Provide the ema	il address of yo	our supervi	isor.		don't know	Provide su	ıpeı	rvisor'	s telephone num	nber. Exte	nsion [	Interna	ational or DSN	N phone number
Provide physical Street	work location of	of your sup	pervi	sor.	(Provide City a	and Country if	outs		_	nerwise, provi Zip Code		tate and Zij Country	o Code.)	
Street Addre	sical location da United States; oth ess/Unit/Duty Lo	ata with str nerwise, pro- ocation	reet a	addr City,	ess, base, p State and Zip City or Po	oost, embass Code for port ost Name	sy, I	unit, a the Ur	nd country locat				uarter. (Provid	e City and Countr
(b) Did/does you  YES —  NO	· ^ A -l -l	ave an AP	U/FF	-∪ a	aaress while	e at this loca	atioi		or FPO		APO/F	PO State	Code	Zip Code
nter vour Social	Security No	mher het	fore	aci	ng to the	neyt nago								

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

ection 13A - Employment Acti	vities - (Continued)	)							
13A.3 Complete the following if	employment type is	self-emplo	yment						
Provide dates of employment.			Select the en		ent status for	Provide i	nost rece	ent position title.	
From Date	To Date		this position:						
(Month/Year)	(Month/Year)	Present	Full-time			Provide t	he name	of your employmer	nt.
Est.		Est.	Part-time	•					
Provide address of this employ	ment. (Provide City an	d Country if c	outside the United	States; o	otherwise, provi	de City, State	•	,	
Street	1	City		S 	State	Zip Code	( 	Country	
Describe televilence according	Fatancian	<u></u>							
Provide telephone number.	Extension [		onal or DSN ph	one nur	nber				
		Day	Night						
(a) Is your physical work addre	•	ur employm	ient address?						
YES NO (If NO, pro									
Provide the work address w Street		physically lo City	ocated. (Provide	City and	Country if outs	ide the United Zip Code		<i>erwise, provide City, S</i> Country	tate and Zip Code.)
Sueet		City			Clate	Zip Code	ľ	Southi y	
Provide the telephone num	ber for this address								
Telephone number	Extension		ational or DSN	l phone	number				
		 ☐ Day	Night						
(b) If you have indicated an AP	PO/FPO address, co	mplete (b.1	). If you have i	ndicated	d an address	outside of th	e United	States, complete (k	o.2).
(b.1) Provide physical locat	tion data with street	address, ba	ase, post, emba	assy, un	it, and counti	ry location o			
Country if outside the Un Street Address/Unit/D			State and Zip Ci	oae tor p	oπs in the Unite State	ea States.) Zip Code	1	Country	
	<b>,</b>								
(b.2) Do you or did you hav	e an APO/FPO add	l ress while a	at this location?	?					
☐ YES → AC	ddress			APO o	r FPO		APO/F	PO State Code	Zip Code
□ NO									
Provide the name of someone			ment.						
Last name	First na	me							
Provide the address of this veri	ifier (Provide City and	Country if our	tside the United S	tates: oth	envise provide	City State an	d Zin Code	- \ \	
Street		City	Side the Office o	itates, oth	State	Zip Code		Country	
		•				•		-	
Provide the telephone number	for this person.								
Telephone number	Extension	Internation	onal or DSN ph	one nur	mber				
		Day [	Night						
If you have indicated an APO/F	PO address, comple	ete (a). If yo	ou have indicat	ed an a	ddress outsid	le of the Uni	ted State	s, complete (b).	
(a) Provide physical location di if outside the United States; oth						ation or hom	e port/fle	et headquarter. (Pro	ovide City and Count
Street Address/Unit/Duty L		City or Po		i trie Oriit	State	Zip Code	(	Country	
•						•		•	
(b) Does your self-employmen	t verifier have an AF	PO/FPO add	dress?						
☐ YES → Address				APO o	r FPO		APO/F	PO State Code	Zip Code
□NO									

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (C	ontinued)			
13A.4 Complete the following if employment	nt type is unemployment.			
Provide dates of unemployment.  From Date (Month/Year) To  Est.	Date (Month/Year) Present Est.	Provide the name of and means of suppor Last name	someone that can t.	verify your unemployment activities  First name
Provide address of this verifier. (Provide Cit Street	ty and Country if outside the United Sta City		, State and Zip Code. Zip Code	Country
Provide the telephone number for this pers  Verifier telephone number Extension	on. International or DSN phone not Dsy Night	umber		
If you have indicated an APO/FPO addres  (a) Provide physical location data with sti if outside the United States; otherwise, pro Street Address/Unit/Duty Location	reet address, base, post, embass	sy, unit, and country loca s in the United States.)		ates, complete <b>(b)</b> . /fleet headquarter. ( <i>Provide City and Country</i> Country
(b) Does your unemployment verifier hav  YES Address  NO	e an APO/FPO address?	APO or FPO	AP	O/FPO State Code Zip Code
13A.5 Complete the following if employm Government, Federal Contractor, N				Corps, Other Federal employment, State
Provide the reason for leaving the employ				
For this employment have any of the follo Fired, quit after being told you would be finotice of unsatisfactory performance.  YES NO (If NO, proceed to 13A.6)	•		ations of miscondu	uct, left by mutual agreement following
Select your type of incident:	Reason:		Employment de	eparture date
☐ Fired	Provide the reason for being fin	ed.	Provide the dat	te you were fired. (Month/Year)  Est.
Quit after being told you would be fired	Provide the reason for quitting.		Provide the data fired. (Month/Ye	te you quit after being told you would be ar)  Est.
Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ons of misconduct.	Provide the dat of misconduct.	
Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsat	isfactory performance.		Est.  te you left by mutual agreement following atisfactory performance. (Month/Year)  Est.
13A.6 Complete the following if employm Government, Federal Contractor, I				Corps, Other Federal employment, State
For this employment, in the last seven (7 in the workplace, such as a violation of se	') years have you received a writ			suspended, or disciplined for misconduct
#1 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.		Date: (Month/Year)
#2 Provide the reason(s) for being warne	d roprimanded suspended or di	sciplined		Date: (Month/Year)
	a, reprimanaeu, suspenaeu or ar	ooipiiriod.		Est.
#3 Provide the reason(s) for being warne	•	•		· · · · · · · · · · · · · · · · · · ·
#3 Provide the reason(s) for being warne #4 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.		Date: (Month/Year)

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5	ection 13A - Employment Activities
E	atry #2
	Select your employment activity:  Active military duty station (Complete 13A.1, 13A.5 and 13A.6)  National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)  USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)  USPHS Commissioned Corps (Complete 13A.2, 13A.5 and 13A.6)  Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)  Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)  Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)
	<b>3A.1</b> Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.
ntry #2	Provide dates of employment.  From Date (Month/Year)  Select the employment status for this position:  From Date (Month/Year)  Present  Full-time  Provide your assigned duty station during this period.  Provide your assigned make your most recent rank/position title.
I	Present Full-time Provide your most recent rank/position title.  Est. Part-time Provide your most recent rank/position title.
	Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City State Zip Code Country
	Telephone number  Extension
	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).  (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)  Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country  (b) Do you or did you have an APO/FPO address while at this location?
	YES Address APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor.  Provide the rank/position title of your supervisor.
	Provide the email address of your supervisor.
	Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City State Zip Code Country
	If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country
_	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 13A - Employment Activities - (Continued) 13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other. Provide dates of employment. Select the employment status for Provide most recent position title. this position: From Date To Date (Month/Year) (Month/Year) Full-time Present Provide the name of your employer. Part-time Est. Est. Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Zip Code Country City State Provide telephone number Extension International or DSN phone number Day Night Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). From date (Month/Year) To date (Month/Year) Position Title Supervisor Not Applicable Est Est. Est Est. Fst Fst Est. Est. (a) Is/was your physical work address different than your employer's address? YES NO (If NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code YES NO Provide the position title of your supervisor. Provide the name of your supervisor. Provide the email address of your supervisor. Idon't know | Provide supervisor's telephone number. Extension International or DSN phone number Day Night Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Country Zip Code If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code YES -NO Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

;	Section 13A - Employment Act	ivities - (Continue	d)								
ſ	13A.3 Complete the following if	f employment type i	is self-emplo	yment							
ntry #2	Provide dates of employment. From Date (Month/Year)	To Date (Month/Year)	Present	Select the er this position:	. ,	ent status for				nt position title.	
11	Est.		Est.	Part-time			Pi	ovide the	name (	of your employmen	t.
	Provide address of this employ Street	rment. ( <i>Provide City a</i>	and Country if o	nutside the United		otherwise, provi State	ide City Zip C			e.) ountry	
	Provide telephone number.	Extension		onal or DSN ph  Night	one nur	mber					
	(a) Is your physical work addre	ess different than yo	our employm	ent address?							
	YES NO (If NO, pro	oceed to (b))									
	Provide the work address v Street	where you are/were	e physically lo City	ocated. ( <i>Provide</i>	City and	Country if outs State	zide the			rwise, provide City, St ountry	ate and Zip Code.)
	Provide the telephone num Telephone number	nber for this address Extension		ational or DSN	I phone	number			'		
	(b) If you have indicated an AF (b.1) Provide physical loca Country if outside the Un Street Address/Unit/D	tion data with stree nited States; otherwise	t address, ba e, provide City,	ase, post, emb	assy, un	it, and count	ry loc ed Sta	ation or ho			•
	(b.2) Do you or did you hav	ve an APO/FPO ad ddress	dress while a	at this location	? APO o	r FPO	•	Α	PO/FF	PO State Code	Zip Code
	Provide the name of someone Last name	that can verify your First n		ment.	•			1			•
	Provide the address of this ver Street	ifier. (Provide City and	d Country if out City	tside the United S	States; oth	erwise, provide State	Zip C			) ountry	
	Provide the telephone number Telephone number	for this person. Extension		onal or DSN ph	one nur	mber	•		,		
	If you have indicated an APO/f  (a) Provide physical location of if outside the United States; of Street Address/Unit/Duty L	data with street add therwise, provide City,	ress, base, p	oost, embassy, <i>Code for ports ii</i>	unit, an	d country loc		or home p	ort/flee		vide City and Country
	(b) Does your self-employmen	nt verifier have an A	APO/FPO add	dress?							
	☐ YES → Address				APO o	or FPO		<i>P</i>	APO/FI	PO State Code	Zip Code

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities - (C	Continued)				
	13A.4 Complete the following if employment	ent type is unemployment.				
Entry #2	·	Date (Month/Year) Present	Provide the name of and means of suppor Last name		n verify your unemploymo First name	ent activities
	Provide address of this verifier. (Provide Construction Street	Est.  ity and Country if outside the United Sta  City	tes; otherwise, provide City State	, State and Zip Code Zip Code	e.) Country	
	Provide the telephone number for this pers Verifier telephone number Extension	son.  International or DSN phone nu  Day Night	umber			
	If you have indicated an APO/FPO addre  (a) Provide physical location data with st if outside the United States; otherwise, pro Street Address/Unit/Duty Location	treet address, base, post, embass	y, unit, and country loc			ide City and Country
	(b) Does your unemployment verifier have Address	ve an APO/FPO address?	APO or FPO	AF	PO/FPO State Code	Zip Code
	13A.5 Complete the following if employm Government, Federal Contractor,  Provide the reason for leaving the emplo	Non-government employment, Se			Corps, Other Federal en	ployment, State
Entry #2	Provide the reason for leaving the employ	yment activity.				
Entr	For this employment have any of the followard fired, quit after being told you would be finotice of unsatisfactory performance.  YES NO (If NO, proceed to 13A.6)	fired, left by mutual agreement foll		ations of miscond	duct, left by mutual agree	ment following
	Select your type of incident:	Reason:		Employment of	departure date	
	Fired	Provide the reason for being fire	ed.	Provide the da	ate you were fired. (Month	/Year)
	Quit after being told you would be fired	Provide the reason for quitting.		Provide the da fired. (Month/Y	ate you quit after being to ear)	ld you would be
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ons of misconduct.		ate you left following char t. <i>(Month/Year)</i>	ges or allegations
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati	isfactory performance.		ate you left by mutual agi satisfactory performance	eement following
	13A.6 Complete the following if employm Government, Federal Contractor,				Corps, Other Federal en	ployment, State
Entry #2	For this employment, in the last seven (in the workplace, such as a violation of se	ecurity policy?	-	ially reprimanded	, suspended, or discipline	ed for misconduct
	#1 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Month	/Year) Est.
	#2 Provide the reason(s) for being warne		•		Date: (Month	/Year) Est.
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Month	/Year)
	#4 Provide the reason(s) for being warned	ed, reprimanded, suspended or di	sciplined.		Date: (Month	/Year)
En	nter your Social Security Number be	fore going to the next page			<b>-</b>	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 13A - Employment Activ	rities										
E	intry #3											
	Select your employment activity  Active military duty station ( 13A.5 and 13A.6)  National Guard/Reserve (Co and 13A.6)  USPHS Commissioned Cor 13A.5 and 13A.6)  Other Federal employment 13A.5 and 13A.6)	Complete 13A.1 pmplete 13A.1 ps (Complete	1, 13A.5 e 13A.1,	(Cor Self 13A. Une	te Government Inplete 13A.2, 13 -employment (6) Imployment (Co Imployment (Co Imployment (A) Imp	A.5 and Complete	d 13A.6) lete 13A.3, 13A.5 e 13A.4)	,	emp	loyn er <i>(P</i>	ernment employment nent) (Complete 13A.2, rovide explanation and c d 13A.6) ▼	13A.5 and 13A.6)
ſ	<b>13A.1</b> Complete the following if	employmen	t type is	Active Dut	y, National Gua	ard/Re	eserve, or USF	PHS (	Commissioned	l Co	rps.	
21111	Provide dates of employment.  From Date (Month/Year)  Est.	To Date (Month/Year	;) <sub>[</sub>	Present	Select the er this position:  Full-time		ment status for				ned duty station durin	
	Provide address of duty station. Street	(Provide City	and Co				erwise, provide C. State		ate and Zip Code		ountry	
	Telephone number	20 11	Extens	□ D:	ternational or [			1				
	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).  (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)  Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country  (b) Do you or did you have an APO/FPO address while at this location?											
	☐ YES → Address ☐ NO		ddress	while at this	s location?		or FPO	a citic			PO State Code	Zip Code
	Provide the name of your super	visor.				Prov	ide the rank/po	OSITIO	n title of your s	supe	Prvisor.	
	Provide the email address of yo	ur superviso	or. 🔲 I	don't know	Provide supe	rvisor	's telephone n	umbe	er. Extensior		☐ International or DSI☐ Day ☐ Night	N phone number
	Provide physical work location of Street	of your supe	rvisor.	(Provide City a City	and Country if ou	tside th	e United States; State		wise, provide Cit Code		ate and Zip Code.) ountry	
	If you have indicated an APO/FI port/fleet headquarter. (Provide Street Address/Unit/Duty Locati	physical loc	; provic	le physical le ata) <i>(Provide</i> City or Pos	City and Country	ith eitl	her street addr side the United St State	tates;	base, post, er otherwise, provid Code	de Ci	ssy, unit, and country ty, State and Zip Code.) ountry	location or home
			1					•				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Emp	loyment Activ	rities - (Continu	ed)										
13A.2 Complete t	he following if	employment type	e is of	ther feder	al employme	ent,	state	government, fe	ederal contra	actor, no	n-government, or	othe	
Provide dates of	employment.						ploym	ent status for	Provide m	nost rece	ent position title.		
From Date (Month/Year)		To Date (Month/Year)			this position								
(WOTH) Tear)	_	(Monthly rear)		Present	Full-tim				Provide th	ne name	of your employer.		
	Est.			Est.	Part-tin								
Provide the address Street	ess of employe	r. (Provide City an		ntry if outsic ity	de the United S	State			ty, State and 2 Zip Code		Country		
Provide telephon	e number	Extension		Internat	ional or DSN	<b>l</b> p	hone	number					
same physical	location (for ex most recent p	xample, if you w	orked	l at XY Plu	ımbing in De	env	er, Co	D, during 3 sepa	arate period	s of time	er on more than on e, you would enter wo previous period	infor	mation
☐ Not	From date (Mo	nth/Year)	Т	o date (M	onth/Year)			Pos	sition Title		Sup	ervis	or
Applicable		E	st.				Est.						
		E	st.				Est.						
		E	st.				Est.						
		E	st.				Est.						
(a) Is/was your p	NO (If NO,	proceed to (b))	•	,									
Street	ork address w	here you are/we	re ph Ci		cated. (Provi	de (		_	de the United S Zip Code		erwise, provide City, Country	State	and Zip Code.)
Provide telep	hone number		Ex	xtension	☐ Interna		nal or Night	DSN phone nu	mber				
(b.1) Provide Country	physical locat	ion data with stre ited States; otherw	eet ac	ddress, ba rovide City,	ise, post, en	nba	ssy, ι	ınit, and countr	y location or		States, complete ort/fleet headquard		
` ,,	•	e an APO/FPO a Idress	addre	ess while a	at this location	n?		or FPO	1	APO/F	PO State Code		Zip Code
Provide the name	e of your super	visor.					Provi	de the position	title of your	l supervis	or.		
Provide the emai	l address of yo	ur supervisor.	] I do	on't know	Provide su	per	visor'	s telephone nur	mber. Exte	nsion [	☐ International or ☐ Day ☐ Night		phone number
Provide physical Street	work location o	of your superviso		ovide City a	and Country if o	outs		_	therwise, provi Zip Code		tate and Zip Code.) Country		
if outside the U Street Addre	ical location da Inited States; oth ss/Unit/Duty Lo	ata with street ac erwise, provide Ci ocation	ldress ty, Sta (	s, base, p ete and Zip City or Po	ost, embass <i>Code for ports</i> st Name	y, t s in	unit, a the Un	nd country loca			es, complete <b>(b)</b> . et headquarter. <i>(P</i> Country	rovid	e City and Countr
(b) Did/does you  YES —  NO	· ^ A -l -l	ave an APO/FP0	) add	ress while	e at this loca	tior		or FPO		APO/F	PO State Code		Zip Code
nter vour Social	Socurity Nu	mbor boforo o	oina	. 40 4ba .		_	_						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 13A - Employment Activities - (Contin	nued)					
13A.3 Complete the following if employment ty	pe is self-emplo	yment				
Provide dates of employment.		Select the employm	ent status for	Provide m	ost recent position title.	
From Date  (Month/Year)  To Date  (Month/Year)	_	this position:				
(Month/Year) (Month/Year)	Present	Full-time		Provide th	e name of your employmen	ıt.
Est.	Est.	Part-time				
Provide address of this employment. (Provide C		outside the United States;	otherwise, provi	de City, State ar	nd Zip Code.)	
Street	City I	1	State	Zip Code I	Country I	
Provide telephone number. Extension	Internation	onal or DSN phone nu	mber			
	Day	Night				
(a) Is your physical work address different that	n your employm	nent address?				
YES NO (If NO, proceed to (b))						
Provide the work address where you are/v		ocated. (Provide City an				tate and Zip Code.)
Street	City I		State I	Zip Code I	Country I	
Describe the Ashark and a feet this said						
Provide the telephone number for this add  Telephone number Extension		national or DSN phone	number			
	Day	Night	Humber			
(b) If you have indicated an APO/FPO addres			d an addrass	outside of the	United States, complete (h	. 2)
(b.1) Provide physical location data with si		•			, ,	•
Country if outside the United States; other						
Street Address/Unit/Duty Location		Post Name	State 	Zip Code	Country	
(b.2) Do you or did you have an APO/FPC	addross while	at this leastion?				
YES Address	address wrille		or FPO		APO/FPO State Code	Zip Code
□ NO						
Provide the name of someone that can verify	our self-employ	/ment.			<u> </u>	I
Last name Fir	st name					
Provide the address of this verifier. (Provide City	=	tside the United States; or	-	-		
Street	City 		State 	Zip Code	Country	
Descride the televilous mounts of suthis many or						
Provide the telephone number for this person.  Telephone number Extension	Internation	onal or DSN phone nu	mber			
	□ □ Day □	_				
If you have indicated an APO/FPO address, c			addraga autaia	la af tha I laita	ud Ctatas, samplata (h)	
(a) Provide physical location data with street	, ,					ovide City and Countr
if outside the United States; otherwise, provide	City, State and Zip	Code for ports in the Un	ited States.)			
Street Address/Unit/Duty Location	City or Po	ost Name	State 	Zip Code	Country	
(h) December of small constant weight a best of	- ADO/EDO	d===0				
(b) Does your self-employment verifier have a	in APO/FPO ad		or FPO		APO/FPO State Code	Zip Code
□ NO						
		I			<u> </u>	
er your Social Security Number before	going to the	nevt nage				
oi voai oociai oecality Nallibel Delole	admid to tile	IIVAL DUUC	_			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S	Section 13A - Employment Activities - (Co	ontinued)				
Ī	13A.4 Complete the following if employme	ent type is unemployment.				
ľ	Provide dates of unemployment.				an verify your unemployme	nt activities
	From Date (Month/Year) To	Date (Month/Year) Pre	and means of supposent Last name	ort.	First name	
	Provide address of this verifier. (Provide Cit			ity, State and Zip Co	de.)	
	Street	City	State I	Zip Code	Country	
	Provide the telephone number for this personal Verifier telephone number Extension [	on. ☐ International or DSN pho ☐ Day ☐ Night	ne number			
	If you have indicated an APO/FPO addres  (a) Provide physical location data with str					do City and Country
	if outside the United States; otherwise, pro-	vide City, State and Zip Code fo	r ports in the United States.)	•		de City and Country
	Street Address/Unit/Duty Location	City or Post Nam	ne State 	Zip Code	Country	
	(b) Does your unemployment verifier hav	ve an APO/FPO address?				
	YES Address	canya chi cadaloss.	APO or FPO		PO/FPO State Code	Zip Code
L	□ NO					
	13A.5 Complete the following if employm Government, Federal Contractor, N	Non-government employmer			d Corps, Other Federal em	ployment, State
	Provide the reason for leaving the employ	ment activity.				
ı	For this employment have any of the follo	•	, , •			
۱	Fired, quit after being told you would be fi notice of unsatisfactory performance.	ired, left by mutual agreeme	nt following charges or alle	gations of miscor	iduct, left by mutual agreer	nent following
	YES NO (If NO, proceed to 13A.6)					
	Select your type of incident:	Reason:		Employment	departure date	
	Fired	Provide the reason for bei	ng fired.	Provide the	date you were fired. (Month	Year)
						Est.
	Quit after being told you would be	Provide the reason for quit	tting.	Provide the of the fired. (Month/	date you quit after being to Year)	d you would be
	fired			,	,	Est.
	Left by mutual agreement following	Provide the charges or alle	egations of misconduct.		date you left following chargot. (Month/Year)	ges or allegations
	charges or allegations of misconduct			or missorial	oc. (Months rear)	Est.
	Left by mutual agreement following	Provide the reason(s) for u	unsatisfactory performance	Provide the	date you left by mutual agre	eement following
	notice of unsatisfactory performance			a notice of u	nsatisfactory performance.	(Month/Year) Est.
	424 C. Caranlata the fallowing if annular man	and them a in Anti-es Deste Alati	and Cuand/Dasamie LICDI	IC Commissions	d Carra - Other Fadaral are	
	<b>13A.6</b> Complete the following if employm Government, Federal Contractor, N				d Corps, Other Federal em	pioyment, State
	For this employment, in the last seven (7 in the workplace, such as a violation of se		a written warning, been offi	cially reprimande	d, suspended, or discipline	d for misconduct
	YES NO	eculty policy!				
1	#1 Provide the reason(s) for being warne	ad reprimanded suspended	or disciplined		Date: (Month)	Vearl
	#1 1 Tovide the reason(s) for being warne	a, reprimanueu, suspenueu	or disciplined.		Date: (Month)	Est.
	#2 Provide the reason(s) for being warne	ed, reprimanded, suspended	or disciplined.		Date: (Month	Year)
	( )	, , , , ,	'			Est.
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspended	or disciplined.		Date: (Month	
						Est.
	#4 Provide the reason(s) for being warne	ed, reprimanded, suspended	or disciplined.		Date: (Month	Year)
1						
L						Est.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 13A - Employment Activities					
Entry #4						
	Select your employment activity:  Active military duty station (Complete 13A.1, 13A.5 and 13A.6)  National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)  USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)  Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	(Complete 13A.2, Self-employmer 13A.6) Unemployment	ctor (Complete 13A.2,	employi	vernment employmen ment) (Complete 13A.2, Provide explanation and o nd 13A.6) ▼	13A.5 and 13A.6)
	13A.1 Complete the following if employment type is Ac	ctive Duty National (	Guard/Reserve or USPH	IS Commissioned Co	orns	_
11ry #4	Provide dates of employment.  From Date  (Month/Year)  (Month/Year)	Select the this position	employment status for on:	Provide your assig	gned duty station durir	
Ī		Present Full-tin		Provide your most	t recent rank/position t	title.
	Provide address of duty station. (Provide City and Country Street  Cit				Country	
	Telephone number Extension	n International o	or DSN phone number			
	If you have indicated an APO/FPO address, complete  (a) Provide physical location data with street address if outside the United States; otherwise, provide City, State Street Address/Unit/Duty Location  (b) Do you or did you have an APO/FPO address white States Address  Address	s, base, post, embass te and Zip Code for port City or Post Name	sy, unit, and country loca	tion or home port/fle		de City and Country  Zip Code
	NO  Provide the name of your supervisor.	Provide the rank/position title of your supervisor.				
	Provide the email address of your supervisor.	on't know Provide su	 upervisor's telephone nun	mber. Extension [	☐ International or DSI☐ Day ☐ Night	N phone number
	Provide physical work location of your supervisor. (Pro Street Cit				tate and Zip Code.) Country	
	If you have indicated an APO/FPO address; provide p port/fleet headquarter. (Provide physical location data) Street Address/Unit/Duty Location Cit		ntry if outside the United State	es; otherwise, provide C		location or home

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

otion 424	nlovmort A - 4	ivities - (Conti	ırıuec									
ction 13A - Em	pioyment Act	•		-/								
3A.2 Complete	the following i	f employment t	ype is	s other federa	al employment	, state	government, fe	deral cont	ractor, no	on-governme	ent, or othe	r.
Provide dates o From Date	f employment.	To Date			Select the enthis position:	nployme	ent status for	Provide	most rec	ent position t	title.	
(Month/Year)		(Month/Year)		Present	Full-time			Provide	the name	e of your emp	ployer.	
	Est.			Est.	Part-time							
Provide the add	ress of employ	er. (Provide City	and C	Country if outsid	de the United Sta	tes; othe	rwise, provide Cit	y, State and	Zip Code.	)		
Street				City		 	State Z	ip Code		Country		
Provide telepho	ne number	Extension		☐ Internat	tional or DSN p	hone n	umber		•			
same physica	al location (for le most recent	example, if you	ı work	ked at XY Plu	umbing in Denv	ver, CO	tivity if you worl , during 3 sepa tion titles, and s	rate perio	ds of time	e, you would	l enter infor	mation
Not	From date (M	fonth/Year)		To date (Me	onth/Year)	I	Posi	tion Title			Supervi	sor
Applicable			Est.			Est.						
			Est.			Est.						
			Est.			Est.						
			Est.			Est.						
(a) Is/was your physical work address different than your employer's address?												
Provide the		where you are/	were		cated. (Provide					_	le City, State	and Zip Code
Provide the Street	work address		were	City			State Z	ip Code		herwise, provid Country	de City, State	and Zip Code.
Provide the Street Provide tele	work address	-		City	☐ Internatio	nal or E	State Z	ip Code		Country		
Provide the Street  Provide tele  (b) If you have (b.1) Provid	work address phone number indicated an A	PO/FPO addre ation data with inited States; othe	ess, co	Extension  omplete (b.1) t address, ba e, provide City,	☐ Internatio ☐ Day ☐  ). If you have interpreted in the proof of the	nal or [ Night ndicate	State Z	nber utside of to	he United	Country  d States, com	mplete (b.2	).
Provide the Street  Provide tele  (b) If you have (b.1) Provid	phone number indicated an A le physical loca y if outside the U	PO/FPO addre ation data with inited States; othe	ess, co	Extension  omplete (b.1) t address, ba e, provide City,	☐ Internatio☐ Day☐ ☐ Day☐ ☐ If you have in the see, post, embarese, embarese, post, embarese,	nal or [ Night ndicate	OSN phone numed an address on the country ports in the United	nber utside of to location of states.)	he United	Country  d States, comport/fleet hea	mplete (b.2	).
Provide the Street  Provide tele  (b) If you have (b.1) Provid Country Street  (b.2) Do you	phone number indicated an A le physical loca y if outside the U Address/Unit/l	PO/FPO addre ation data with inited States; othe	ess, co street erwise	Extension  omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone numed an address on the country ports in the United	nber utside of to location of states.)	he United or home p	Country  d States, comport/fleet hea	mplete <b>(b.2</b> adquarter. <i>(</i>	).
Provide the Street  Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you YE	phone number indicated an A le physical loca y if outside the U Address/Unit/l	PO/FPO addre ation data with inited States; othe Duty Location ave an APO/FP Address	ess, co street erwise	Extension  omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone num  d an address on the difference of the country ports in the United State	nber utside of t location of States.) Zip Cod	he United pr home p e	d States, comport/fleet hea	mplete <b>(b.2</b> adquarter. <i>(</i>	<b>)</b> . Provide City a
Provide the Street  Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you YE	phone number indicated an A le physical loca y if outside the U Address/Unit/l	PO/FPO addre ation data with inited States; othe Duty Location ave an APO/FP Address	ess, co street erwise	Extension  omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address onit, and country ports in the United State  or FPO	nber utside of t location of States.) Zip Cod	he United pr home p e	d States, comport/fleet hea	mplete <b>(b.2</b> adquarter. <i>(</i>	<b>)</b> . Provide City a
Provide the Street  Provide tele  (b) If you have (b.1) Provid Country Street  (b.2) Do you Yi No	phone number indicated an A le physical loca y if outside the U Address/Unit/l	PO/FPO addre ation data with inited States; othe Duty Location ave an APO/FP Address	ess, creets street	Extension  omplete (b.1) t address, ba c, provide City, City or F	Internatio Day If you have in use, post, embase, post, embastate and Zip Corpost Name	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address onit, and country ports in the United State  or FPO	utside of to location of States.) Zip Cod	he United or home p e APO/	d States, comport/fleet hear Country FPO State Country	mplete <b>(b.2</b> adquarter. <i>(</i> Code	<b>)</b> . Provide City a
Provide the Street  Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you YE NO Provide the name	phone number indicated an A le physical loca y if outside the U Address/Unit/l u or did you ha ES D ne of your super	PO/FPO addre ation data with inited States; othe Duty Location live an APO/FP Address ervisor.	O add	Extension  omplete (b.1) t address, ba e, provide City, City or F	☐ Internatio ☐ Day ☐ Da	nal or E Night ndicate assy, ui ode for p APO c Provid rvisor's	DSN phone num  d an address of onit, and country ports in the United State  or FPO  e the position to telephone num  United States; off	utside of to location of States.) Zip Cod	he United or home pee APO/library supervise ension	d States, comport/fleet hear Country  FPO State Cosor.	mplete <b>(b.2</b> adquarter. <i>(</i> code  onal or DSN	). Provide City e Zip Code
Provide the Street  Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you Yt No Provide the nam  Provide the ema  Provide physical Street  If you have indic (a) Provide phy if outside the	phone number indicated an A le physical loca y if outside the U Address/Unit/l u or did you ha ES D ne of your super ail address of y ll work location cated an APO/ resical location of United States; of ess/Unit/Duty I	PO/FPO addresation data with inited States; otherwise an APO/FP Address ervisor.  FPO address, of address, of address, or of your supervisor and for your supervisor and for your supervisor and for your supervisor address, or of your supervisor address.	O add	Extension  complete (b.1) t address, base, provide City,  City or fine city and city and city are city  City and city and city and city are city  City or Postate and Zip or City or Po	Internatio Day If you have in ase, post, embassy, code for ports in st Name	nal or E Night ndicate assy, ui ode for p APO of Provid rvisor's side the S ted an a unit, and the Unit	OSN phone num  d an address of onit, and country ports in the United State  or FPO  e the position to telephone num  United States; off or State  address outside ad country located to the position of the po	utside of to location of States.) Zip Code  itle of your  itle of your	he United or home pee APO/I supervise ension wide City, Suited State ne port/flo	Country  d States, comport/fleet hea  Country  FPO State Country  Internation Day State and Zip Country  es, complete	e (b).	). Provide City a Zip Code

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

ection 13A - Employment Activ	vities - (Continued)									
13A.3 Complete the following if	employment type is s	elf-emplo	yment							
Provide dates of employment.	ovide dates of employment.							ecent position title.		
From Date	To Date		this position:							
(Month/Year)	(Month/Year)	Present	Full-time			Prov	ide the nar	ne of your employme	nt	
Est.		Est.	│	)		1100	ide the hai	ne or your omploymen		
Provide address of this employi	ment (Provide City and	Country if o	utside the United	l States: d	otherwise prov	ide City S	State and 7in	Code )		
Street	•	ity	atorao trio orintoa		State	Zip Cod		Country		
Provide telephone number.	Extension	Internation	onal or DSN ph	one nur	nber			!		
		_	Night							
(a) Is your physical work addre	ss different than your									
· , , , , , , , , , , , , , , , , , , ,	Š	omploym	ont address.							
YES NO (If NO, pro										
Provide the work address w Street		nysically lo ity	ocated. ( <i>Provide</i>	City and	Country if outs State	ide the Ui Zip Cod		otherwise, provide City, S Country	State and Zip Code.)	
Olicci	ľ	ity					16			
Provide the telephone number	oor for this address									
Telephone number	Extension	□Intern	ational or DSN	l nhone	numher					
	1		Night	priorio	Hamboi					
(h) If you have indicated an AD	O/EDO addraga sam	Day		ndiaataa	d an addraga	outoido.	of the Unit	nd Ctatas, samplets (	h 2)	
<ul><li>(b) If you have indicated an AP</li><li>(b.1) Provide physical location</li></ul>									•	
Country if outside the Uni	ited States; otherwise, pr	rovide City,	State and Zip C	ode for p	orts in the Unit	ted States	s.)	,		
Street Address/Unit/D	uty Location	City or	Post Name		State I	Zip (	Code	Country		
(b.2) Do you or did you hav		ess while a	at this location?		- FDO		ADC	VEDO Ctata Cada	Zin Cada	
☐ YES →	Idress			APO o 	rFPO		APC	APO/FPO State Code Zip Code		
NO										
Provide the name of someone t Last name	hat can verify your se: First nam		ment.							
Lastrianie	l list liam	iC .								
Provide the address of this veri	fior (Brayida City and Co		taida tha Unitad C	totoo: oth	amuiaa musuidi	o City Sta	to and Zin C	ada )		
Provide the address of this veril Street	_	ity	iside trie Oriited S	olales, oli	State	Zip Cod		Country		
	١	,								
Provide the telephone number t	for this porson									
Telephone number	Extension	Internation	onal or DSN ph	one nur	mber					
•			Night							
If you have indicated an APO/F  (a) Provide physical location da		` ,							ovide City and Coun	
if outside the United States; oth						odilon or	nomo port	noot nouaquartor. (77	orido ony ana ocan	
Street Address/Unit/Duty Lo	ocation	City or Po	st Name		State	Zip Cod	de	Country		
(b) Does your self-employment	t verifier have an APC	D/FPO add	dress?			-		VED 0 4 4 0 4	<b>-</b> : 0 :	
☐ YES → Address				APO o	or FPO		I APC	D/FPO State Code	Zip Code I	
☐ NO										

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities - (C	Continued)					
	13A.4 Complete the following if employment	ent type is unemployment.					
Entry #4	·	D Date (Month/Year) Present	Provide the name of and means of suppor Last name		n verify your unemployme First name	nt activities	
-	Provide address of this verifier. (Provide Construction of the Con	Est.  ity and Country if outside the United Sta  City		, State and Zip Code Zip Code	e.) Country		
	Provide the telephone number for this pers Verifier telephone number Extension	son.  ☐ International or DSN phone nu ☐ Day ☐ Night	umber				
	If you have indicated an APO/FPO addre  (a) Provide physical location data with st if outside the United States; otherwise, pro Street Address/Unit/Duty Location	treet address, base, post, embass	y, unit, and country loc s in the United States.)			de City and Country	
	(b) Does your unemployment verifier have Address  NO  NO	ve an APO/FPO address?	APO or FPO	AF	PO/FPO State Code	Zip Code	
	13A.5 Complete the following if employm Government, Federal Contractor, Provide the reason for leaving the emplo	Non-government employment, Se			Corps, Other Federal em	ployment, State	
Entry #4	Provide the reason for leaving the emplo	ушент аститу.					
Ent	For this employment have any of the following fired, quit after being told you would be finotice of unsatisfactory performance.  YES NO (If NO, proceed to 13A.6)	fired, left by mutual agreement foll		ations of miscond	luct, left by mutual agreer	nent following	
	Select your type of incident:	Reason:		Employment of	departure date		
	Fired	Provide the reason for being fire	ed.	Provide the da	ate you were fired. (Month/	Year)	
	Quit after being told you would be fired	Provide the reason for quitting.		Provide the date yo fired. (Month/Year)		d you would be	
	Left by mutual agreement following charges or allegations of misconduct	Left by mutual agreement following charges or allegations of misconduct			ate you left following chard i. <i>(Month/Year)</i>	ges or allegations	
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati	isfactory performance.		ate you left by mutual agre satisfactory performance.	eement following	
	<b>13A.6</b> Complete the following if employm Government, Federal Contractor,				Corps, Other Federal em	ployment, State	
Entry #4	For this ampleyment, in the last seven (7) years have you received a written warning, been officially reprimended, suspended, or disciplined for misconduct						
	#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.  Date: (Month/Year)						
	#2 Provide the reason(s) for being warne		•		Date: (Month)	Year)	
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Month)	Year) Est.	
	#4 Provide the reason(s) for being warned	ed, reprimanded, suspended or di	sciplined.		Date: (Month)	/Year)	
En	nter your Social Security Number be	fore going to the next page			_ <b>-</b> \		

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736							
Section 13B - Employment Activities - Former Fede							
Do you have former federal civilian employment, exclu	ding military s	ervice, NOT indicat	ed previous	sly, to report?			
YES NO (If NO, proceed to Section 13C)							
Complete the following if you selected "Yes" to	Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.						
Entry #1				, ,	•		
Provide dates of federal civilian employment.		Provide the name	of the fede	eral agency for			
From Date (Month/Year) To Date (Month/Year)	Present	which you are/we			Provide your position title.		
Est.	Est.						
Provide the location of the agency. (Provide City and C	ountry if outside	the United States; oth	erwise, provid	de City, State and Zip Co	ude.)		
Street	City		State	Zip Code	Country		
Entry #2	1		1				
Provide dates of federal civilian employment.		Provide the name	of the fede	eral agency for			
From Date (Month/Year) To Date (Month/Year,	Present	which you are/we	re employe	d.	Provide your position title.		
Est.	Est.						
Provide the location of the agency. (Provide City and C	Country if outside	e the United States; oth	nerwise, provi	de City, State and Zip C	ode.)		
Street	City		State	Zip Code	Country		
Entry #3	•		•	•			
Provide dates of federal civilian employment.		Provide the name					
From Date (Month/Year) To Date (Month/Year)	Present	which you are/we	re employe	ed.	Provide your position title.		
Est.	Est.						
Provide the location of the agency. (Provide City and C		the United States; oth	erwise, provid				
Street	City		State	Zip Code	Country		
Entry #4							
Provide dates of federal civilian employment.		Provide the name					
From Date (Month/Year) To Date (Month/Year)	Present	which you are/we	re employe	·d.	Provide your position title.		
Est.	Est.						
Provide the location of the agency. (Provide City and C Street		the United States; oth					
Sileet	City 		State 	Zip Code	Country		
					_		
Section 420 Franksyment Became							
Section 13C - Employment Record							
Have any of the following happened to you in the last	seven (7) yea	ars at employment	activities th	at you have not prev	iously listed?		
<ul><li>Fired from a job?</li><li>Quit a job after being told you would be fired?</li></ul>							
- Have you left a job by mutual agreement following ch			ct?				
<ul> <li>Left a job by mutual agreement following notice of un</li> <li>Received a written warning, been officially reprimand</li> </ul>			misconduc	t in			
the workplace, such as violation of a security policy?	ou, ouoponuo	a, or alsolphilea for	miscoriado	CIII			
YES (If YES, you will be required to add an additional en	nnlovment in Se	ection 13A)					
	.p.0511101111111100						
NO (If NO, proceed to Section 14)							
nter your Social Security Number before goin							

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736	MATIONAL DE		3110				
Section 14 - Selective Service Record							
Were you born a male after December 31, 1959	)?						
YES NO (If NO, proceed to Section 15)							
Have you registered with the Selective Service	ce System (SSS)?		ve Service website, www.s				
Yes Provide registration nu	ımber:▶		number for persons who had not not your Social Se		e. Selective		
No → Provide explanation: ▶							
☐ I don't know → Provide explanation: ▶							
Section 15 - Military History							
Have you <b>EVER</b> served in the U.S. Military?							
YES NO (If NO, proceed to Section 15.2)							
15.1 Complete the following if you responded	d 'Yes' to having served in th	ne U.S. Military.					
Entry #1							
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service nu	ımber.			
Army Air National Guard		Not Applicable					
Army National Marine Corps	Provide your status	Officer	Provide your dates of se	ondoo			
☐ Navy ☐ Coast Guard	Active Duty	Enlisted	From Date	To Date			
	Active Reserve		(Month/Year)	(Month/Year)	Present		
☐ Air Force	Inactive Reserve		∐ Es	St.	Est.		
Were you discharged from this instance of U.  YES NO	S. military service, to include	e Reserves, or National G	Guard?				
Provide the type of discharge you received:				Provide the date of			
Honorable Under Other than	Bad Conduct			discharge listed (Month/Year)			
Honorable Condition  Dishonorable General	Other (provide ty	pe) <b>▶</b>		(Monuli Fear)	Est.		
<del>-                                   </del>					<u> </u>		
Provide the reason(s) for the discharge, if dis	charge is other than Honoral	ble 					
Entry #2	State of coming if	Officer or enlisted	Danida wasan aan iaa as				
Provide the branch of service you served in.  Army  Air National	State of service, if National Guard		Provide your service nu	imber.			
Guard		Not Applicable					
Army National Marine Corps	Provide your status	Officer	Provide your dates of se	ervice			
Navy Coast Guard	Active Duty	Enlisted	From Date	To Date			
Air Force	Active Reserve		(Month/Year)	(Month/Year)	Present Est.		
		December or National C		5t.			
Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?  [ YES  NO							
Provide the type of discharge you received:	_			Provide the date of			
Honorable Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)			
Dishonorable General	Other (provide ty	pe) <b>▶</b>			Est.		
Provide the reason(s) for the discharge, if dis	charge is other than Honoral	ble	l				
The state of the s							

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 15 - Military History - (Continued)

Section	on 15 - Williary History - (Continued)							
15.2	In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc?							
	Complete the following if you responded 'Yes' to In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.							
Ent	ry #1							
	vide the date of the court martial or other disciplinary procedure. (Month/Ye	ear)						
		Est.						
	vide a description of the Uniform Code of Military Justice (UCMJ) nse(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.						
wer	vide the description of the military court or other authority in which you e charged (title of court or convening authority, address, to include city state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.						
Ent	ry #2	<u> </u>						
	vide the date of the court martial or other disciplinary procedure. (Month/Ye	ear)						
		Est.						
	vide a description of the Uniform Code of Military Justice (UCMJ) nse(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.						
wer	vide the description of the military court or other authority in which you e charged (title of court or convening authority, address, to include city state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.						
nter y	our Social Security Number before going to the next page	<b>———</b>						

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 15 - Military History - (Continued) 15.3 Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, YES NO (If NO, proceed to Section 16) diplomatic, security forces, militia, other defense force, or government agency? Complete the following if you responded 'Yes' to having EVER served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency. Entry #1 During your foreign service, which organization were you serving under? Provide the name of the foreign organization. Military (Specify Army, Navy, Air Force, Marines, etc.) Intelligence Service Militia Provide your period of service. Diplomatic Service Other Defense Forces From Date (Month/Year) To Date (Month/Year) Present Other Government Agency, Specify > Est. Provide division/department/office in which you served. Provide the name of the country. Provide the highest position/rank held. Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service. Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization? YES NO (If NO, proceed to Section 16) Contact #1 Provide the contact's full name. Last name First name Middle name Suffix Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the contact's official title. Provide the frequency of contact. Provide the length of your association with the contact. From Date (Month/Year) To Date (Month/Year) Present Est. Contact #2 Provide the contact's full name. Suffix Last name First name Middle name Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the contact's official title Provide the length of your association with the contact. Provide the frequency of contact. From Date (Month/Year) To Date (Month/Year) Present Est. Est.

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 15 - Military History - (Continued)								
Complete the following if you responded 'Yes security forces, militia, other defense force, or	•	milita	ry member in a foreign count	ry's military, intelligence, diplomatic,				
Entry #2								
During your foreign service, which organization	on were you serving under?		Provide the name of the fore	eign organization.				
Military (Specify Army, Navy, Air Force, M	larines, etc.) Security Forces							
Intelligence Service	Militia		Provide your period of service	ne e				
Diplomatic Service	Other Defense Force	es	From Date (Month/Year) To Date (Month/Year) Present					
☐ Other Government Agency, Specify ▶			Est.					
Provide the name of the country.	Provide the highest position/rank held.		Provide division/department/office in which you served.					
Provide a description of the circumstances of	your association with this organization.	Prov	ide a description of the reaso	n for leaving this service.				
Do you maintain contact with current or forme	r associates, colleagues, or acquaintan	ces fro	om your service in this organi	zation?				
YES NO (If NO, Proceed to Section 16)								
Contact #1								
Provide the contact's full name.	First name		Middle news	Cuffix				
Last name	First name		Middle name	Suffix				
Provide the contact's address. (Provide City and	   Country if outside the United States; otherwise	e, provi	ide City, State and Zip Code)	I				
Street		ate		ountry				
Provide the contact's official title.	Provide the frequency of contact.		Provide the length of your a					
	1		From Date (Month/Year)	To Date (Month/Year) Present				
			Est.	Est.				
Contact #2								
Provide the contact's full name.	First name		Middleneme	Suffix				
Last name	First name		Middle name	Sulix				
Provide the contact's address. (Provide City and	Country if outside the United States; otherwise	e, provi	ide City, State and Zip Code)	<b>I</b>				
Street	City	ate	Zip Code Co	puntry				
Provide the contact's official title.	Provide the frequency of contact.	Provide the length of your a						
			From Date (Month/Year)	To Date (Month/Year) Present				
			L Est.	Est.				

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 16 - People Who Know You Well Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form. Entry #1 Provide relationship to you. (Check all that apply) Provide dates known. Present Neighbor Work associate Other (Provide explanation) To Date (Month/Year) From Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name Middle name Suffix First name Provide e-mail address for this person. Provide rank/title I don't know Not applicable International or DSN Provide mobile/cell telephone International or DSN Provide telephone number for I don't know I don't know number for this person. phone number phone number this person. Extension Extension □Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #2 Provide dates known. Provide relationship to you. (Check all that apply) Present Neighbor Work associate Other (Provide explanation) • From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name First name Middle name Suffix Provide rank/title Provide e-mail address for this person. I don't know Not applicable International or DSN Provide mobile/cell telephone International or DSN Provide telephone number for I don't know I don't know phone number number for this person. this person. phone number **Extension** Extension □Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Entry #3 Provide relationship to you. (Check all that apply) Provide dates known. Present Neighbor Work associate Other (Provide explanation) From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name Suffix First name Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable Provide mobile/cell telephone Provide telephone number for International or DSN International or DSN I don't know I don't know number for this person. phone number phone number this person. Extension Extension Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country Enter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

51 K Faits 751, 752, and 750							
Section 17 - Marital/Relationship Status							
Provide your current marital/relationship st	_		ly recognized of	ivil union, or l	egally recog	nized domestic part	nership:
Never entered in a civil marriage, lega		vil union, or legally			Separated (	Complete 17.1 and 17.	3)
recognized domestic partnership (Com	plete 17.3)				Annulled (Co	mplete 17.2 and 17.3)	)
Currently in a civil marriage, legally re-	cognized civil un	ion, or legally			Divorced/Dis	ssolved (Complete 17	7.2 and 17.3)
recognized domestic partnership (Com				_			·
					widowed (C	omplete 17.2 and 17.3	)
17.1 Complete the following if you sele partnership" or "Separated." Co recognized domestic partnership,	omplete the follow	wing about the person	with whom you	are in a civil			
Provide full name.	о. п.о ролоси и		J, Jopanaca			Provide date	of hirth
Last name	First name		Middle name		Suffix	(Month/Day/Ye	
							Est.
Dravida place of hirth							
Provide place of birth.  City	Count	v		State	Countr	y (required)	
ony .		,				y (. 5 qu 5 u)	
If the person is fereign been provide on	a type of decum	antation that he ar abo	200000000000000000000000000000000000000	I the decume	nt number		
If the person is foreign born, provide on Born Abroad to U.S. Parents:	e type of docum I Derived:	entation that he or she	I Not a U.S.		nt number.		
☐ FS 240 or 545		istration (on Certificate	_	Permanent Re	esident	U.S. Visa (red	foil number)
│	of Citizens	ship—utilize USCIS,		Employment		☐ I-20 Certificate	of Eligibility for
	CIS or IN	S Registration number	Author			Non-Immigrant	
Naturalized:	Permaner	nt Resident Card (I-551	I)	rival-Departu	re Record	☐ DS-2019 Certif	icate of Eligibility
Alien Registration (on Certificate of Naturalization—utilize USCIS,	Certificate	e of Citizenship (N560		nvai Bopana	10 1100014	of Exchange V	
CIS or INS Registration number)	or N561)	,					
Permanent Resident Card (I-551)			U Other	(Provide expl	anation)		
Certificate of Naturalization							
(N550 or N570)							
Provide document number. Provide d	ocument expirat	ion date, if applicable.	(Month/Day/Yea	<i>ar)</i> Provide l	J.S. Social S	Security Number.	
			Est.				Not applicable
Provide other names used (such as ma civil unions, or legally recognized dome		,			•		Not applicable
#1 Last name		First name		Mi	iddle name	<u>-</u>	Suffix
Maiden name? From (Month/Ye	ar)	 To <i>(Month/Year)</i>					
TYES TNO	<i>'</i>	1	_ Present ☐ Est.				
	Est.	<u></u>		3.41			
#2 Last name		First name I		Mı İ	iddle name		Suffix I
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present				
YES NO	Est.		Est.				
#3 Last name		First name		M	iddle name		Suffix
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present	<u> </u>			
☐YES ☐ NO	Est.		Est.				
#4 Last name		First name		I.Ai	iddle name		Suffix
"4 Last Hame					iddic Hairic		
Maiden name? From (Month/Ye	- 1	T- (14: 1/1: 04: 1) -	<u></u>				
· '	·	To (Month/Year)	Present				
YES NO	Est.		Est.				
Provide country(ies) of citizenship.						entered into your ci	
Country #1	Country	#2		marriage, c	ivil union, or	domestic partnersh	ip. (Month/Day/Year)
							Est.

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

S	ection 17 - Marita	ıl/Relationshi	p Status - (Coi	itinuea	)							
	partnersh	ip" or "Sepai	rated." Complet	e the fo	l <b>y in a civil marri</b> a ollowing about the ր ո from whom you a	person wit	th whom you ar	e in a civil				omestic ivil union, or legally
	Provide location. City	(Provide City an	nd Country if outsic	e the Un Cou	ited States; otherwise inty	e, provide C	ity or County and State	State.) Country				
	Provide current a Street	ddress. (Provid	de City and Countr	/ if outsid	de the United States; o	otherwise, p	orovide City, State State	and Zip Co Zip Code		Country	Use m	ny current address
	Provide telephone		Extension	Day Night	Use my curre	•		Provide	email addı	ess.		
	Does the person  YES  NO	have an APO Address	/FPO address v	ithin th	e United States?	APO or	FPO		APO/FP0	O State Code	e	Zip Code
		. (Provide City a	and Country if out	ide the	hysical location da United States; otherw or Post Name				or ports in th			ation or home port/
	Are you separate  YES  NO		e of separation. (ear)		gally separated, pr vide City and Country					State and Zip ( Country	Code)	Not Applicable
nt	er vour Social	Security Nu	ımher hefore	anina	to the next pag	10						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 17 - Marital/Relationship Status - (Continued)

Section 17 - Marital/Relationship Status	- (Continuea)								
17.2 Complete the following if you sele divorced/dissolved, annulled, or w		l", "annulled"	, or <b>"widowed"</b> . F	Provide inform	nation about a	any person from whom you are			
Entry #1									
Provide the full name. Last name	First name		Middle name		Suffix	Provide the date of birth. (Month/Day/Year)  Est.			
Provide the place of birth. City		State	Zip Code	Countr	y (Required)				
Provide the country(ies) of citizenship.									
Country #1	Country #	2							
Provide telephone number.  I don't know    Note the date your civil marriage, civil union, or domestic partnership was legally recognized. (Month/Day/Year)   Est.									
Provide the location. (Provide City and Cou City	ıntry if outside the United State	s; otherwise, pro State	vide City, State and C Country	Country.)					
Provide the status.  Divorced/Dissolved Widow	ed Annulled	Provide the	date divorced/diss	solved, annull	ed or widowe	d. (Month/Day/Year)			
Provide where the record of divorce/disc	solution or annulment is lo	cated. (Provide State	City and Country if o Zip Code	outside the Unite Countr		wise, provide City, State and Zip Code)			
Is this person deceased?			· ·	· ·					
YES NO (If NO, complete (a))	I don't know								
(a) Provide last known address of the p United States; otherwise, provide City, Sta		divorced/disso	olved or annulled.	(Provide City ar	nd Country if ou	tside the I don't know			
Street	City		State	Zip Code	Counti	ry			
	1		'		'				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 17 - Marital/Relationship Status - (Continued)

Section 17 - Marital/Relationship Status	- (Continuea)								
17.2 Complete the following if you sele divorced/dissolved, annulled, or w		l", "annulled"	, or <b>"widowed"</b> . F	Provide inform	nation about a	any person from whom you are			
Entry #2									
Provide the full name. Last name	First name		Middle name		Suffix	Provide the date of birth. (Month/Day/Year)  Est.			
Provide the place of birth. City		State	Zip Code	Countr	y (Required)				
Provide the country(ies) of citizenship.				-					
Country #1	Country #	2							
Provide telephone number.  I don't know    Note the date your civil marriage, civil union, or domestic partnership was legally recognized. (Month/Day/Year)   Est.									
Provide the location. (Provide City and Cou City	untry if outside the United State	es; otherwise, provide City, State and Country.) State Country							
Provide the status.  Divorced/Dissolved Widow	ed Annulled	Provide the	date divorced, and	nulled or wido	wed. (Month/L	Day/Year)			
Provide where the record of divorce/disc	solution or annulment is lo	cated. (Provide State	City and Country if o	outside the Unite Countr		wise, provide City, State and Zip Code)			
Is this person deceased?				l .					
YES NO (If NO, complete (a))	I don't know								
(a) Provide last known address of the p United States; otherwise, provide City, Sta		divorced/disso	olved or annulled.	(Provide City a	nd Country if ou	tside the I don't know			
Street	City		State	Zip Code	Count	ry			
	1		'						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 17 - Marital/Relationship Status - (Continued)

Section 17 - Marital/Relationship 3	, ,					_			
17.3 Do you presently reside with partner, with whom you share person with whom you live for If the person was born outside	e bonds of affection, or r reasons of convenie	bligation, or other co ence (e.g. a roommate	mmit e)? If	ment, as oppose	ed to a	] YES	S NO (If NO, proceed to Section	n 18)	
Complete the following if you pres	ently reside with a col	nabitant.							
Entry #1									
Provide the cohabitant full name. Last name	First name	Middle name			Suffix	Provide the date of birth.  Date (Month/Day/Year)			
Provide the place of birth. City			s	tate	Country (Require	ed)			
For your foreign born cohabitant, i Born Abroad to U.S. Parents:  FS 240 or 545	Derived: Alien Reg of Citizen	istration (on Certifica ship—utilize USCIS,	te	Not a U.S. Citizen:			U.S. Visa (red foil number)		
	CIS or IN	S Registration number	er)	I-766 Empl			I-20 Certificate of Eligibility for Non-Immigrant-F1-Student	,	
Naturalized:  Alien Registration (on Certifice of Naturalization—utilize USC CIS or INS Registration numb	ate	nt Resident Card (I-59 e of Citizenship (N560	,	I-94 Arrival	-Departure Reco	ord	DS-2019 Certificate of Eligib of Exchange Visitor-J1-Statu	,	
Permanent Resident Card (I-5	,			Other (Pro					
Certificate of Naturalization (N550 or N570)									
Provide document number. Prov	ride document expirat	ion date, if applicable	. (N	fonth/Day/Year)	Provide your coh	nabitai	nt's U.S. Social Security Number	r.	
				] Est.			☐ Not applicab		
Provide other names used by you name was used).	r cohabitant (such as	maiden name, name	s by	other marriages	, etc., and provid	e date	es each Not applicab	ole	
#1 Last name		First name			Middle na	ame	Suffix		
Maiden name? From <i>(Moi</i>	nth/Year)	To (Month/Year)	=	Present Est.	<b>I</b>		<b>'</b>		
#2 Last name		First name			Middle na	ame	Suffix		
Maiden name? From (Moi	nth/Year)	To (Month/Year)	=	Present Est.	I				
#3 Last name		First name	<u> </u>		Middle na	ame	Suffix		
Maiden name? From <i>(Moi</i>	nth/Year)	To (Month/Year)	=	Present Est.			I		
#4 Last name	Lst.	First name		_51.	Middle na	ame	Suffix I		
Maiden name? From (Moi	•	To (Month/Year)	ш	Present					
Provide your cohabitant's country( Country #1	Est.	Country #2	<u> </u>	Est.			vide date cohabitation residing w son began. ( <i>Month/Day/Year</i> )	rith	

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 17 - Marital/Relationship Status	s - (Continued)								
Complete the following if you presently	reside with a coh	abitant.							
Entry #2									
Provide the cohabitant full name. Last name	First name		Mic	ddle name	Suffix		Provide the date Date (Month/Day/)		Est.
Provide the place of birth.			<u> </u>						
City			s	State C	Country (Require	ed)			
For your foreign born cohabitant, indicate	te one type of do	cumentation that he	or sł	he possesses and t	the document	numb	er.		
Born Abroad to U.S. Parents:	Derived:		4.	Not a U.S. Citizer					
FS 240 or 545	1 🗀	stration (on Certifica ship—utilize USCIS,	ile		nent Resident		U.S. Visa (red t		•
DS 1350	CIS or INS	Registration number	er)	I-766 Employ Authorization			I-20 Certificate Non-Immigrant		
Naturalized:  ☐ Alien Registration (on Certificate	Permanen	t Resident Card (I-5	51)	I-94 Arrival-D	eparture Reco	ord	DS-2019 Certif	icate of El	igibility
of Naturalization—utilize USCIS, CIS or INS Registration number)	Certificate or N561)	of Citizenship (N560	)				of Exchange Vi	sitor-J1-S	tatus
Permanent Resident Card (I-551)				Other (Provid	de explanation	)			
Certificate of Naturalization (N550 or N570)									
Provide document number. Provide de	ocument expirati	on date, if applicable	e. (N	Month/Day/Year) Pr	ovide your coh	abita	nt's U.S. Social Sec	curity Num	nber.
				_] Est.				Not appl	icable
Provide other names used by your cohaname was used).	abitant (such as	maiden name, name	s by	other marriages, e	tc., and provid	e date	es each	Not appl	icable
#1 Last name		First name			Middle na	me		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)		Present					
YES NO	Est.			Est.					
#2 Last name		First name			Middle na	ime		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)	П	Present					
YES NO	Est.		<u></u> □	Est.					
#3 Last name		First name			Middle na	ıme		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)	П	Present					
YES NO	Est.		ш	Est.					
#4 Last name		First name			Middle na	ime		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)	$\overline{\Box}$	Present					
☐YES ☐ NO	☐ Est.		=	Est.					
Provide your cohabitant's country(ies) o		1	ш.			Prov	vide date cohabitati	on residin	g with
Country #1		Country #2				pers	son began. <i>(Month/E</i>	ay/Year)	
						•			

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives				
Select each type of relative applicable to you, reg	ardless if they are living or o		_	elatives for each type.)
Mother Foster parent		Sister	Half-sister	
	adopted/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild		Stepsister	Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #1				
Provide relative type.				
Provide your relative's full name. Last name	First name		Middle name	Suffix
Provide your relative's date of birth.  Date (Month/Day/Year)  Est.	our relative's place of birth.	State	Country (Required)	,
Provide your relative's country(ies) of citizenship. Country #1	Country #2		•	
18.1 Complete the following if the relative lister Sister, Stepbrother, Stepsister, Half-br		tepmother, Stepfather	r, Child (including adopted/foster)	, Stepchild, Brother,
If <b>mother</b> , provide your mother's maiden name	Same as listed	I don't know		
Last name	First name		Middle name	Suffix 
Has this relative used any other names?				
YES NO				
Provide other names used and the period of tir name, alias, or nickname).	ne that your relative used th	em (such as maiden, na	ame by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
n. Lastiname				
Maiden name? From (Month/Year)	To (Month/Year)	Present Pr	rovide the reason(s) why the name of	changed.
☐YES ☐ NO	Est.	Est.		
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pr	rovide the reason(s) why the name of	changed.
☐YES ☐ NO ☐	Est.	Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pr	rovide the reason(s) why the name o	changed.
☐YES ☐ NO	Est.	Est.		
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pr	rovide the reason(s) why the name of	changed.
☐YES ☐ NO	Est.	Est.	· , ·	
Enter your Social Security Number before	going to the next page			

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continue	ed)							
	Is your relative deceased?						YES (If YES, pro	ceed to 18.3) NO	
ſ		ne relative listed is your Mother, Father, Ste	nmother	Stonfathor E	ostor na	ront Child	•		
		r, Stepbrother, Stepsister, Half-brother, H							
¥		ddress. (Provide City and Country if outside the Un	ited States;						
Entry #1	Street	City		State	Zip Co	de	Country		
Ш	Does this relative have an APO/	EPO address?							
		our relative's APO/FPO address.							
	NO Address		, A	APO or FPO	ı	APO/FPC	State Code	Zip Code	
	I don't know								
	18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.  OR  Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.								
		ocumentation and document number below:							
Entry #1	Born Abroad to U.S. Parents:	Naturalized:	Derived:		/ O	[	Other (Provid	le explanation)	
E	☐ FS 240 or 545 ☐ DS 1350	Alien Registration (on Certificate of Naturalization—utilize USCIS,	of C	n Registration itizenship—util	ize USC	IS,			
		CIS or INS Registration number)	l	or INS Registr					
		Permanent Resident Card (I-551)		nanent Reside		`			
		Certificate of Naturalization (N550 or N570)	Cert or N	ificate of Citize 561)	enship (N	1560			
	Provide document number.	Provide the name	of the cou	urt that issued	the Cert	ificate of N	aturalization.		
	Provide the address of the court Street	that issued the Certificate of Naturalization.	City				State	Zip Code	
Er	nter your Social Security Nun	nber before going to the next page				<b>→</b>			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and has a U.S. address and is not deceased.	
Provide type of documentation he or she possesses to support U.S. residence.  Not a U.S. Citizen:  I-551 Permanent Resident  I-94 Arrival-Departure Record  I-20 Certificate of Eligibility for Non-Immigrant-F1-Student  Non-Immigrant-F1-Student  DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status	explanation)
Provide document number	_
Provide methods of contact (Check all that apply).  ☐ In person ☐ Telephone ☐ Written correspondence ☐ Other (Provide explanation) ▶	
Provide approximate frequency of contact.  ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name	
Provide the address of current employer, or provide the address of their most recent employer if not currently employed.  (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country	☐ I don't know
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?  YES  Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, military, security, military, security, defense industry, military, military, military, military, mili	novement, or intelligence
18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and has a foreign address and is not deceased.	
Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.	Present Est.
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanation)	
Provide approximate frequency of contact.  ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know	
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country	l don't know
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES	novement, or intelligence
Enter your Social Security Number before going to the next page	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Sec	ction 18 - Relatives - (	Continued,	)								
En	try #2										
Pro	vide relative type.										
_											
	vide your relative's full t name	name.		First na	ame				Middle name	S	Suffix
Luo	Thamo			THOTTIC	anic					آ ا	, and
— Pro	vide your relative's dat	e of birth	Provide vou	r relative	e's place of birth.				<u> </u>		
	e (Month/Day/Year)		City		•		State		Country (Required)		
		Est.									
	vide your relative's cou	intry(ies) of	citizenship.		0 110						
Cot	ıntry #1				Country #2						
4	9.4 Complete the falls	uning if the	ralativa liatad i	io vous N	Acthor Eather St		nau Stanfe	ath a r	Child (including adopted/for	ton) Ston	shild Brother
1	Sister, Stepbroth					ертоп	ier, Stepia	atner,	Child (including adopted/fos	ter), Step	chila, Brother,
li s	mother, provide your	mother's m	aiden name.		Same as listed		l don't kn	iow			
ii N	ast name		ı	First na	ame				Middle name I	S	Suffix
<del>й</del> –											
H .	las this relative used a	ny other nai	mes?								
	YES NO										
	Provide other names us ame, alias, or nicknam		period of time	that you	ur relative used the	em (suc	h as maide	en, nan	me by a former marriage, forme	er 🗌	Not applicable
	t1 Last name	/-			First name				Middle name		Suffix
	Maiden name?	From (Mon	th/Year)		To (Month/Year)	F	resent	Pro	vide the reason(s) why the nar	ne change	ed.
	YES NO			Est.			st.				
#	<sup>‡</sup> 2 Last name				First name				Middle name		Suffix
	Maiden name?	From (Mon	th/Year)		To (Month/Year)	☐ F	resent	Pro	vide the reason(s) why the nar	ne change	ed.
	YES NO			Est.		E	st.				
#	t3 Last name				First name				Middle name		Suffix
	Maiden name?	From (Mon	th/Year)		To (Month/Year)	ПР	resent	Pro	vide the reason(s) why the nar	ne change	ed.
	YES NO			Est.			st.				
#	44 Last name				First name				Middle name		Suffix
	Maiden name?	From (Mon			To (Month/Year)		resent	Pro	vide the reason(s) why the nar	ne change	ed.
	YES NO			Est.			st.				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 18 - Relatives - (Continued)
s your relative deceased? TYES (If YES, proceed to 18.3) NO
18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.
Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street City State Zip Code Country
Does this relative have an APO/FPO address?  YES Provide your relative's APO/FPO address.  NO Address APO or FPO APO/FPO State Code Zip Code  I don't know
18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.  OR  Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.
Provide one type of citizenship documentation and document number below:  Born Abroad to U.S. Parents:  FS 240 or 545  DS 1350  Naturalized:  Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number)  Permanent Resident Card (I-551)  Certificate of Naturalization (N550 or N570)  Derived:  Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number)  CIS or INS Registration number)  Certificate of Citizenship (N560 or N561)
Provide document number.  Provide the name of the court that issued the Certificate of Naturalization.  Provide the address of the court that issued the Certificate of Naturalization.  Street  City  State  Zip Code

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), ner, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide type of documentation he or she possesses to support U.S. resolved a U.S. Citizen:  I-551 Permanent Resident  I-766 Employment Authorization  U.S. Visa (red foil number)	sidence.  Status:  Other (Provide explanation)  Non-Immigrant-F1-Student  DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Present  Est.
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc)
Provide approximate frequency of contact.  Daily Monthly  Weekly Quarterly	<ul><li>☐ Annually</li><li>☐ Other (Provide explanation) ▶</li></ul>
Provide name of current employer, or provide the name of their most re Employer name	ecent employer if not currently employed (if known).
Provide the address of current employer, or provide the address of thei (Provide City and Country if outside the United States; otherwise, provide City, State Street  City	ir most recent employer if not currently employed.
Is this relative affiliated with a foreign government, military, security, de YES — Describe the relative's relationship with the foreservice.	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelligence
	r, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), ner, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide approximate date of first contact. (Month/Year)  Est.	Provide approximate date of last contact. (Month/Year) Present Est.
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanation	☐ Electronic (Such as e-mail, texting, chat rooms, etc)  n) ▶
Provide approximate frequency of contact.  Daily Monthly  Weekly Quarterly	☐ Annually ☐ Other (Provide explanation) ▶
	n't know
Provide the address of current employer, or provide the address of thei and Country if outside the United States; otherwise, provide City, State and Zip Cool Street  City	ir most recent employer if not currently employed. (Provide City  [Index]  State  Zip Code  Country
Is this relative affiliated with a foreign government, military, security, de  YES  NO  I don't know	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelligence
Enter your Social Security Number before going to the next pa	ge

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)				
Entry #3				
Provide relative type.				
Provide your relative's full name.  Last name  First n	ame		Middle name	Suffix
Last hame	ame		Wilder Harrie	
Provide your relative's date of birth. Provide your relativ	e's place of hirth			
Date (Month/Day/Year)  City	c 3 place of birtin.	State	Country (Required)	
Est.				
Provide your relative's country(ies) of citizenship.				
Country #1	Country #2			
18.1 Complete the following if the relative listed is your l Sister, Stepbrother, Stepsister, Half-brother, Ha		ther, Stepfather,	Child (including adopted/foster), St	epchild, Brother,
	Same as listed	I don't know		
Last name First n		r don't know	Middle name	Suffix
If mother, provide your mother's maiden name.  [ Last name  First n				
Has this relative used any other names?				1
☐ YES ☐ NO				
Provide other names used and the period of time that yo	ur relative used them (su	ıch as maiden, nar	me by a former marriage, former	Not applicable
name, alias, or nickname).			· · · · ·	
#1 Last name	First name		Middle name	Suffix I
Maidan area O Francisco (17 (17)	T- (14 (104 )	D		
Maiden name? From (Month/Year)  ☐ YES ☐ NO ☐ Fst	1 =	1 1000111	ovide the reason(s) why the name char	ngea.
		Est.	AA: dalla	0.45
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Pro	ovide the reason(s) why the name char	nged
YES NO Est.	ı 🖳	Present Pro	wide the reason(s) why the hame chai	igea.
#3 Last name	First name	LSt.	Middle name	Suffix
#O Last Hame				
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	l ovide the reason(s) why the name chai	nged.
☐YES ☐ NO ☐ Est.		I ICSCIIL I	( )	
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the name chai	nged.
☐YES ☐ NO ☐ Est.		Est.	· , ,	
Enter your Social Security Number before going to	the next page			

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - (Continue	nd)						
		eu)						
	ls your relative deceased?					YI	ES (If YES, proce	ed to 18.3) NO
	18.2 Complete the following if the Stepchild, Brother, Sister	e relative listed is your <mark>Mothe</mark> , <mark>Stepbrother, Stepsister, Ha</mark>						
Entry #3	Provide your relative's current ad Street	dress. (Provide City and Country i City	if outside the United States	; otherwise, provid State	de City, State and Zip Code		(e) Country	
	Does this relative have an APO/F  YES Provide you Address  I don't know	PO address? ur relative's APO/FPO address	s.	APO or FPO	APO/I	FPO St	tate Code	Zip Code
	OR Complete the following if the	ister, Half-brother, Half-siste e relative listed is your Mother Stepbrother, Stepsister, Ha	er and is a U.S. Citizer r, Father, Stepmother	, foreign born a	nd is deceased oster parent, C	hild (ii	ncluding adop	ted/foster),
Entry #3	Provide one type of citizenship do Born Abroad to U.S. Parents:  FS 240 or 545  DS 1350		Derived Alie e USCIS, number) ard (I-551)  Derived CIS OF Period Period CIS	en Registration ( Citizenship—util For INS Registr Imanent Reside Itificate of Citize	ize USCIS, ation number) nt Card (I-551)		Other (Provide	explanation)
	Provide document number.  Provide the address of the court			ourt that issued	the Certificate of	of Natu		
	Street		City				State	Zip Code

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
Provide type of documentation he or she possesses to support U.S. residence.  Not a U.S. Citizen:  I-551 Permanent Resident  I-94 Arrival-Departure Record  I-766 Employment  Authorization  Status:  Other (Provide explanation)  Non-Immigrant-F1-Student  DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
Provide document number
Provide methods of contact (Check all that apply).  ☐ In person ☐ Telephone ☐ Unit tention (Such as e-mail, texting, chat rooms, etc) ☐ Written correspondence ☐ Other (Provide explanation) ▶
Provide approximate frequency of contact.  □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name
Provide the address of current employer, or provide the address of their most recent employer if not currently employed.  (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES
18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.  Provide approximate date of last contact. (Month/Year)  Est.
Provide methods of contact (Check all that apply).  ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc) ☐ Written correspondence ☐ Other (Provide explanation) ▶
Provide approximate frequency of contact.  □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES
Enter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued)				
Entry #4				
Provide relative type.				
Provide your relative's full name.  Last name  F	First name		Middle name	Suffix
Provide your relative's date of birth. Provide your I	relative's place of birth.		I	
Date (Month/Day/Year)		State I	Country (Required)	
Est.				
Provide your relative's country(ies) of citizenship.  Country #1	Country #2			
18.1 Complete the following if the relative listed is	vour <b>Mother. Father. Stepm</b>	other. Stepfather.	Child (including adopted/foster). S	tepchild. Brother.
Sister, Stepbrother, Stepsister, Half-broth		,,	,,	,
If <b>mother</b> , provide your mother's maiden name.	Same as listed	I don't know		
Last name F	First name		Middle name	Suffix
Has this relative used any other names?				
YES NO Provide other names used and the period of time to	hat your rolative used them (	auch as maiden, nar	me by a former marriage former	_
name, alias, or nickname).	nat your relative used them (s	sucii as maiuen, nai	The by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	vide the reason(s) why the name cha	nged.
	st.	Est.		
#2 Last name	First name I		Middle name	Suffix 
Maiden name? From (Month/Year)	To (Month/Year)	n - Pro	vide the reason(s) why the name cha	nged
	st.	Present Pro	wide the reason(s) why the name ona	ngeu.
#3 Last name	First name	Lot.	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	vide the reason(s) why the name cha	nged.
☐YES ☐ NO ☐ E	st.	Est.		
#4 Last name	First name	•	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	vide the reason(s) why the name cha	nged.
☐YES ☐ NO ☐ E	st.	Est.		

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 19 Poletives (Continue	.dl)							
	Section 18 - Relatives - (Continue	<i>(a)</i>							
	s your relative deceased?							YES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the Stepchild, Brother, Sister,								
Entry #4	Provide your relative's current add Street	dress. (Provide City and	d Country if outside the Un City	ited States;	otherwise, provid State	le City, Sta Zip Cod		Code) Country	
	Does this relative have an APO/F  YES Provide you Address  I don't know	PO address? ur relative's APO/FPC	) address.	,	APO or FPO		APO/FPO	State Code	Zip Code
	18.3 Complete the following if the Sister, Stepbrother, Stepsi OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	ister, Half-brother, F relative listed is your Stepbrother, Stepsi	lalf-sister and is a U.S Mother, Father, Step ster, Half-brother, Ha	S. Citizen,	foreign born a Stepfather, Fo	nd is dec	ceased.	(including adop	ted/foster),
Entry #4	Provide one type of citizenship do Born Abroad to U.S. Parents:  FS 240 or 545  DS 1350	Naturalized:  Alien Registration of Naturalization CIS or INS Reg	on (on Certificate n—utilize USCIS, istration number) ident Card (I-551) aturalization	of CCCIS	n Registration ( itizenship—util or INS Registr nanent Reside ificate of Citize 1561)	ize USCl ation nur nt Card (	IS, mber) (I-551)	Other (Provide	explanation)
	Provide document number.		Provide the name	of the co	urt that issued	the Certi	ficate of Na	aturalization.	
	Provide the address of the court t Street	hat issued the Certifi	cate of Naturalization.	City				State	Zip Code

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen has a U.S. address and is not deceased.
Provide type of documentation he or she possesses to support U.S. residence.  Not a U.S. Citizen:  I-551 Permanent Resident  I-94 Arrival-Departure Record  I-20 Certificate of Eligibility for Non-Immigrant-F1-Student  Authorization  DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
Provide document number
Provide methods of contact (Check all that apply).  In person  Written correspondence  Description:  Description:  Description:  Description:  Electronic (Such as e-mail, texting, chat rooms, etc)
Provide approximate frequency of contact.  □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed.  (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES
has a foreign address and is not deceased.  Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.  Provide approximate date of last contact. (Month/Year)  Est.
Provide methods of contact (Check all that apply).  In person
Provide approximate frequency of contact.  ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?  PES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.  I don't know
nter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)				
Entry #5				
Provide relative type.				
Provide your relative's full name.  Last name  First n	ame		Middle name	Suffix
	<b></b>			
Provide your relative's date of birth. Provide your relative	e's place of birth.		<u> </u>	<u> </u>
Date (Month/Day/Year) City	•	State	Country (Required)	
Est.				
Provide your relative's country(ies) of citizenship. Country #1	Country #2			
Country #1	Country #2			
40.4 Commission that the fallentine if the melative lietard is your	Mathau Fathau Otanua	othou Otoufothou	Obild (including adapted/feeten) Ot	anabild Duathan
18.1 Complete the following if the relative listed is your Sister, Stepbrother, Stepsister, Half-brother, Ha		otner, Steptatner,	Child (including adopted/foster), Ste	epcniia, Brotner,
15 41 11	Same as listed	I don't know		
Last name First n	ame	_	Middle name	Suffix
Last name  First n				
Has this relative used any other names?				
☐ YES ☐ NO				
Provide other names used and the period of time that you name, alias, or nickname).	ur relative used them (so	uch as maiden, nan	ne by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	I vide the reason(s) why the name chan	ged.
☐YES ☐ NO ☐ Est.		Est.		
#2 Last name	First name	l	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	vide the reason(s) why the name chan	ged.
YES NO Est.		Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	1 1000111	vide the reason(s) why the name chan	ged.
YES NO Est.		Est.		
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)		vide the reason(s) why the name chan	ged.
YES NO Est.		Est.		
Enter your Social Security Number before going to	the next page		<b></b>	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - (Continue	ed)							
	ls your relative deceased?	,						YES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the								
Entry #5	Stepchild, Brother, Sister Provide your relative's current ac Street	ddress. (Provide City and				•	nd Zip Co		ot deceased.
ᇤ									
	Does this relative have an APO/I	FPO address? our relative's APO/FPO	addraga						
	YES → Provide yo   NO Address   I don't know	our relative's APO/FPO	address.	, 	PO or FPO	AP 	O/FPO S	State Code	Zip Code
	18.3 Complete the following if the Sister, Stepbrother, Steps							oted/foster), Ste	pchild, Brother,
	OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	e relative listed is your , Stepbrother, Stepsis	Mother, Father, Ste ster, Half-brother, H	pmother,	Stepfather, Fo	oster paren	, Child (		
Entry #5	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	Naturalized:  Alien Registration of Naturalization CIS or INS Regis	n (on Certificate —utilize USCIS,	Derived: Alier of Ci CIS	n Registration ( tizenship—util or INS Registr nanent Reside	lize USCIS, ration numbe	r)	Other (Provide	explanation)
		Certificate of Nat (N550 or N570)	uralization	Cert	ificate of Citize 561)	enship (N560			
	Provide document number.		Provide the name	e of the cou	ırt that issued	the Certifica	e of Nat	uralization.	
	Provide the address of the court Street	that issued the Certific	ate of Naturalization.	City				State	Zip Code
	<u> </u>								<u> </u>

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), ther, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide type of documentation he or she possesses to support U.S. re Not a U.S. Citizen:  I-551 Permanent Resident  I-766 Employment Authorization  Provide type of documentation he or she possesses to support U.S. re I-94 Arrival-Departure Record U.S. Visa (red foil number)	Status:  I -20 Certificate of Eligibility for Other (Provide explanation)  Non-Immigrant-F1-Student  DS-2019 Certificate of Eligibility
Provide document number Provide document expiration date. (Month/Day/Year)	of Exchange Visitor-J1-Status  Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Present
Est	Est.
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanati	☐ Electronic (Such as e-mail, texting, chat rooms, etc) on) ▶
Provide approximate frequency of contact.	
☐ Daily ☐ Monthly	Annually
☐ Weekly ☐ Quarterly	☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most Employer name	, , , , ,
I do	on't know
Provide the address of current employer, or provide the address of the (Provide City and Country if outside the United States; otherwise, provide City, States)  Street  City	
Is this relative affiliated with a foreign government, military, security, d  YES  Describe the relative's relationship with the fo service.  I don't know	lefense industry, foreign movement, or intelligence service? reign government, military, security, defense industry, foreign movement, or intelligence
	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), ther, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide approximate date of first contact. (Month/Year)  Est.	Provide approximate date of last contact. (Month/Year) Present Est.
Provide methods of contact (Check all that apply).	
☐ In person ☐ Telephone ☐ Written correspondence ☐ Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc) on) ▶
Provide approximate frequency of contact.	
Daily Monthly	Annually
☐ Weekly ☐ Quarterly	Other (Provide explanation)▶
Provide name of current employer, or provide the name of their most Employer name	recent employer if not currently employed (if known).
Provide the address of current employer, or provide the address of the	
and Country if outside the United States; otherwise, provide City, State and Zip Co	ode)
Street City	State Zip Code Country
Is this relative affiliated with a foreign government, military, security, do    YES	lefense industry, foreign movement, or intelligence service? reign government, military, security, defense industry, foreign movement, or intelligence
Inter your Social Security Number before going to the next p	age

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued)				
Entry #6				
Provide relative type.				
Provide your relative's full name.  Last name First r	ame		Middle name	Suffix
Provide your relative's date of birth. Provide your relative	re's place of birth.		I	
Date (Month/Day/Year) City		State I	Country <i>(Required)</i>	
Est.				
Provide your relative's country(ies) of citizenship. Country #1	Country #2			
Osanay # 1				
18.1 Complete the following if the relative listed is your	 Mother, Father, Stepm	nother. Stepfath	er. Child (including adopted/foster). S	Stepchild, Brother.
Sister, Stepbrother, Stepsister, Half-brother, Ha			(	
If <b>mother</b> , provide your mother's maiden name.	Same as listed	I don't know		
Last name First r	ame		Middle name	Suffix
Lies this relative used any other names?				
Has this relative used any other names?  YES NO				
Provide other names used and the period of time that yo	our relative used them (	such as maiden	name by a former marriage, former	
name, alias, or nickname).	our relative used them (	such as maiden,	Tiame by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix I
	<u> </u>			
Maiden name? From (Month/Year)  ☐ YES ☐ NO ☐ Fst	To (Month/Year)	1 1000111	Provide the reason(s) why the name cha	anged.
#2 Last name	First name	Est.	Middle name	Suffix
#2 Last Hattle	l list hame		Middle Hame	Julix
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name cha	anged.
☐YES ☐ NO ☐ Est.		Est.	, , <b>.</b>	
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name cha	anged.
YES NO Est.		Est.		
#4 Last name	First name		Middle name I	Suffix I
Maidan and O. Francisco at and	T- (14 (10)			
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)		Provide the reason(s) why the name cha	anged.
YESNO Est.		Est.		

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ction 18 - Relatives - (Continued)
	rour relative deceased?
	8.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),
Entry #6	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.  Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street State Zip Code Country
	Ooes this relative have an APO/FPO address?  YES Provide your relative's APO/FPO address.  NO APO/FPO State Code Zip Code  I don't know
	8.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.  OR  Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.
Entry #6	Provide one type of citizenship documentation and document number below:  Sorn Abroad to U.S. Parents:  FS 240 or 545  DS 1350  Naturalized:  Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number)  Permanent Resident Card (I-551)  Certificate of Naturalization (N550 or N570)  Derived:  Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number)  Permanent Resident Card (I-551)  Certificate of Citizenship (N560 or N561)
	Provide document number.  Provide the name of the court that issued the Certificate of Naturalization.
	Provide the address of the court that issued the Certificate of Naturalization.  Street City State Zip Code
E	r your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)						
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.						
Provide type of documentation he or she possesses to support U.S. residence.  Not a U.S. Citizen:  I-551 Permanent Resident  I-94 Arrival-Departure Record  I-20 Certificate of Eligibility for Non-Immigrant-F1-Student  U.S. Visa (red foil number)  Authorization  DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status						
Provide document number						
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanation)						
Provide approximate frequency of contact.         □ Daily       □ Monthly       □ Annually         □ Weekly       □ Quarterly       □ Other (Provide explanation) ▶						
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know						
Provide the address of current employer, or provide the address of their most recent employer if not currently employed.  (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country						
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES						
18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.						
Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.  Provide approximate date of last contact. (Month/Year)  Est.						
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanation)						
Provide approximate frequency of contact.  ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶						
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know						
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country						
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES						
nter your Social Security Number before going to the next page						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts							
A foreign national is defined as any person who	is not a citizen or nati	onal of the	U.S.				
Do you have, or have you had, close and/or con whom you, or your spouse, or legally recognized influence, common interests, and/or obligation?	d civil union/domestic	partner, o	r cohabitant are b	ound by affection	n, $\square$		NO (If NO, proceed o Section 20A)
influence, common interests, and/or obligation?  Complete the following if you responded 'Yes				-			<u> </u>
	to flave, of flave flau	, ciose and	u/or continuing co	milaci wilii a iore	ign national.		
Entry #1	£1						
Provide the full name of the foreign national, i  Last name First na		N	liddle name	Suffix	I don't	t know on if name i	s unknown
Lastriame		"	ilidaic Harric			on in ridino i	o ananown
Provide approximate data of first centest. (Ma	mth (Appr)	Provide en	provimate data o	float contact (M	anth Maarl		
Provide approximate date of first contact. (Mo	Est.	-rovide ap	proximate date o	i iasi contact. (Mi	onun Year)	Ξst.	
Provide methods of contact (Check all that ap	ply).						
☐ In person ☐ T	elephone		Electronic (Su	ch as e-mail, tex	ting, chat rooms,	etc)	
☐ Written correspondence ☐ C	ther (Provide explan	ation) ▶					
Provide approximate frequency of contact.							
☐ Daily ☐ N	onthly		Annually				
☐ Weekly	uarterly		Other (Provide	e explanation) 🕨			
Provide the nature of relationship (Check all t	hat apply).						
Professional or Business			Personal (S	uch as family tie	s, friendship, affe	ection, comr	non interests, etc)
☐ Obligation (Provide explanation) ▶			Other (Prov	ide explanation)	<b>•</b>		
Provide other names and/or nicknames, as a	propriate.						
Last name	First name			Middle name			Suffix
Describe a secretarili se la faiti de caratina							
Provide country(ies) of citizenship. Country #1	Country	#2					
,							
Provide date of birth.  I don't know	Provide	place of bi	irth.	n't know			
(Month/Day/Year)	City				(If country unknow)	n, requires ex	planation)
☐ Est.							
Provide current address. (Provide City and Cour	ntry if outside the United S	States; other	wise, provide City, S	tate and Zip Code.)	)		I don't know
Street	City		State	Zip Code	Country		
Does this person have an APO/FPO address	Provide the foreign	national's	APO/FPO addres	is.			
☐ YES — Address			APO or FPO		APO/FPO State	e Code	Zip Code
☐ NO ☐ I don't know							
Provide the name of the foreign national's cur	rent employer, or pro	vide the na	ame of their most	recent employer	r if not currently e	employed.	
Employer name							
			I don't know				
Provide the address of the foreign national's cemployed. (Provide City and Country if outside the					loyer if not curre	ntly	I don't know
Street	City	provide Oily	State	Zip Code	Country		
				'			
ls this foreign national affiliated with a foreign	government, military,	security, o	defense industry,	or intelligence se	ervice?		
3	ontact's relationship w	•	•	J		try, or intellig	jence service.
NO I don't know							
							1
nter vour Social Security Number before	aoina to the next	nage •			<b>→</b> □		

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

ection 19 - Foreign Contacts - (Continued)							
Complete the following if you responded 'Yes	s' to have, or have had, close a	and/or continuing c	ontact with a foreign ı	national.			
Entry #2							
Provide the full name of the foreign national, Last name First na		Middle name	Suffix	I don't know Explanation if name	is unknown		
Provide approximate date of first contact. (Mo	onth/Year) Provide	approximate date o	of last contact. (Month)	Year)			
	pply). Telephone Other (Provide explanation) <b>I</b>	`	uch as e-mail, texting,	chat rooms, etc)			
Provide approximate frequency of contact.							
	Monthly Quarterly	Annually Other (Provid	le explanation) ▶				
<ul><li>□ Professional or Business</li><li>□ Obligation (Provide explanation) ▶</li></ul>							
Provide other names and/or nicknames, as a			No. 1 11		0 "		
Last name	First name		Middle name		Suffix		
Provide country(ies) of citizenship. Country #1	Country #2						
Provide date of birth.  (Month/Day/Year)  I don't know  Est.	Provide place o City	f birth. 🔲 I do	n't know Country <i>(If co</i>	ountry unknown, requires ex	xplanation)		
Provide current address. (Provide City and Cou Street	ntry if outside the United States; of City	herwise, provide City, State	State and Zip Code.) Zip Code	Country	☐ I don't know		
Does this person have an APO/FPO address  YES Address  NO I don't know	e? Provide the foreign national	l's APO/FPO addre APO or FP		PO/FPO State Code	Zip Code		
Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.  Employer name  I don't know							
Provide the address of the foreign national's employed. (Provide City and Country if outside the Street				er if not currently  Country	☐ I don't know		
Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?							

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

Section 19 - Foreign Contacts - (Continued)								
Complete the following if you responded 'Yes	to have, or have	e had, close ar	nd/or	continuing c	ontact	with a foreig	ın national.	
Entry #3								
Provide the full name of the foreign national, i Last name First na			Middl	le name		Suffix	☐ I don't know Explanation if name	is unknown
Provide approximate date of first contact. (Mo	nth/Year)	Provide a	pprox	ximate date o	of last o	ontact. (Mor	nth/Year)	
	E	st.					Est.	
Provide methods of contact (Check all that ap						!!		
	elephone other (Provide ex	vnlanation) <b>b</b>		ectronic (St	icn as e	e-maii, textir	ng, chat rooms, etc)	
Provide approximate frequency of contact.	viller (1 Tovide ex	Apianation) V						
	onthly			Annually				
	uarterly			Other (Provid	e expla	nation) ▶		
Provide the nature of relationship (Check all t						, .		
Professional or Business				Personal (S	Such as	s family ties,	, friendship, affection, com	mon interests, etc)
Obligation (Provide explanation)				Other (Prov	ide ex	olanation) 🕨		
Provide other names and/or nicknames, as ap	propriate.							
Last name	First name				Middle	name		Suffix
Provide country(ies) of citizenship. Country #1	Col	untry #2						
Provide date of birth.	Pro City	ovide place of b y	oirth.	☐ I do	n't knov		f country unknown, requires e.	xplanation)
Provide current address. (Provide City and Cour	ntry if outside the Ui	nited States; othe	rwise	, provide City, S	State an	L d Zip Code.)		I don't know
Street	City			State		Code	Country	
Does this person have an APO/FPO address  YES Address  NO I don't know	? Provide the for	reign national's	APC	O/FPO addres			APO/FPO State Code	Zip Code
Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.  Employer name								
Provide the address of the foreign national's of employed. (Provide City and Country if outside the		•				ecent emplo	yer if not currently	I don't know
Street	City	rwise, provide Cit	y, Sta	State		Code	Country	_
Laddie Constant of the Constan		194				W		
Is this foreign national affiliated with a foreign  YES  Describe the co	-	-		-		-	vice? defense industry, or intelli	gence service.

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 19 - Foreign Contacts - (Continued)	ection 19 - Foreign Contacts - (Continued)						
Complete the following if you responded 'Yes	' to have, or have had, close a	and/or continuing c	ontact with a foreign i	national.			
Entry #4							
Provide the full name of the foreign national, Last name First na		Middle name	Suffix	I don't know Explanation if name	is unknown		
Provide approximate date of first contact. (Mo	onth/Year) Provide	approximate date o	of last contact. (Month)	Year)			
	oply). Felephone Other (Provide explanation) I		uch as e-mail, texting	, chat rooms, etc)			
Provide approximate frequency of contact.							
	Monthly Quarterly	Annually Other (Provid	le explanation) ▶				
<ul><li>☐ Professional or Business</li><li>☐ Obligation (Provide explanation) ▶</li></ul>							
Provide other names and/or nicknames, as a	T		Middle as a		C. #iv		
Last name	First name		Middle name		Suffix		
Provide country(ies) of citizenship. Country #1	Country #2						
Provide date of birth.  (Month/Day/Year)  I don't know  Est.	Provide place o City	f birth.	n't know Country <i>(If co</i>	ountry unknown, requires ex	xplanation)		
Provide current address. (Provide City and Cou Street	ntry if outside the United States; of City	herwise, provide City, State	State and Zip Code.) Zip Code	Country	☐ I don't know		
Does this person have an APO/FPO address  YES Address  NO I don't know	? Provide the foreign national	's APO/FPO addre APO or FP		PO/FPO State Code	Zip Code		
Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.  Employer name  I don't know							
Provide the address of the foreign national's employed. (Provide City and Country if outside the Street				er if not currently  Country	☐ I don't know		
Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?							

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20A Foreign Activities

Section 20A - Foreign Activities					
20A.1 Have you, your spouse or legally recognize EVER had any foreign financial interests (s corporate entities, corporate interests or ex economic sectors) in which you or they hav companies or diversified mutual funds or di	uch as stocks, property, investme change traded funds (ETFs) held re direct control or direct ownershi	nts, bank accou in specific geogi p? (Exclude fina	nts, ownership of raphical or incial interests in	YES NO (If NO, )	proceed to 20A.2)
Complete the following if you responded 'Yes' having EVER had any foreign financial interest corporate entities, corporate interests or exchadirect control or direct ownership (Exclude fina U.S. exchange.)	ts (such as stocks, property, inves inge traded funds (ETFs) held in s	tments, bank ac pecific geograpl	counts, ownership	o of corporate entities, own sectors) in which you or th	ership of ey have
Entry #1					
Specify (Check all that apply): Yourself	Spouse or legally recognized	civil union/dome	estic partner	Cohabitant Deper	ndent children
Provide the type of financial interest.	Provide the date a	cquired. (Month/D	Pay/Year)		
			Est.		
Provide how the financial interest was acquired	(such as purchase, gift, etc.).				
Provide the cost (in U.S. dollars) at time of acquisition.	Provide the current ownership was solo			e at the time control or	
	Est.				Est.
Provide the date control or ownership was reline				control or ownership was	sold, lost or
Date	Est.	therwise dispose	ed of.		
	Not Applicable				
Are there any co-owners of this foreign financial	interest?				
YES NO					
#1 Provide full name of co-owner.	First many		Middle nene		Cuffin
Last name	First name		Middle name		Suffix 
Provide the co-owner's current address. (Pro	ovide City and Country if outside the Unit	ted States: otherwis	 se_provide City_State	e and Zin Code )	
Street	City	State	Zip Code	Country	
Provide your co-owner's country(ies) of citize	•		•		
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.
#2 Provide full name of co-owner.  Last name	First name		Middle name		Suffix
Last name					
Provide the co-owner's current address. (Pro	ovide City and Country if outside the Unit	ted States; otherwis	 se, provide City, State	e and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide your co-owner's country(ies) of citize	•	·		1	
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.
L			1		

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'Yes' to having EVER had any foreign financial interests corporate entities, corporate interests or exchar direct control or direct ownership (Exclude finan U.S. exchange.)	s (such as stocks, property, investige traded funds (ETFs) held in	stments, bank ac specific geograpl	counts, ownership hical or economic s	of corporate entities, owner sectors) in which you or the	ership of ey have		
Entry #2							
Specify (Check all that apply):	Spouse or legally recognized	d civil union/dome	estic partner	Cohabitant Depen	dent children		
Provide the type of financial interest.	Provide the type of financial interest.  Provide the date acquired. (Month/Day/Year)						
			Est.				
Provide how the financial interest was acquired (	(such as purchase, gift, etc.).						
Provide the cost (in U.S. dollars) at time of acquisition.							
	Est.				Est.		
Provide the date control or ownership was relinq Date	Provide the date control or ownership was relinquished. (Month/Day/Year)  Date  Provide the date control or ownership was relinquished. (Month/Day/Year)  Est.  Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.						
	☐ Not Applicable						
Are there any co-owners of this foreign financial							
YES NO							
#1 Provide full name of co-owner.							
Last name	First name		Middle name		Suffix		
Provide the co-owner's current address. (Pro	vide City and Country if outside the U	nited States; otherw	ise, provide City, State	e and Zip Code.)			
Street	City	State	Zip Code	Country			
Provide your co-owner's country(ies) of citize	•						
Country #1	Country #2		Provide the natu	ıre of your relationship with	the co-owner.		
#2 Provide full name of co-owner.	<u>'</u>						
Last name	First name		Middle name		Suffix		
Provide the co-owner's current address. (Pro	vide City and Country if outside the U	nited States; otherw	rise, provide City, State	e and Zip Code.)			
Street	City	State	Zip Code	Country			
Provide your co-owner's country(ies) of citize	nship.						
Country #1	Country #2		Provide the natu	ure of your relationship with	n the co-owner.		
	I		1				

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Provide your relationship with the co-owner.

CFR Parts 731, 732, and 736	NATIONAL	SECURITY PO	SITIONS		
Section 20A - Foreign Activities - (Continue	ed)				
20A.2 Have you, your spouse or legally recognized children EVER had any foreign financi				YES NO (If NO, PI	roceed to 20A.3)
Complete the following if you responded 'You EVER had any foreign financial interests the			union/domestic partner	r, cohabitant, or dependen	t children havin
Entry #1					
Specify: (Check all that apply):	If Spouse or legal	ly recognized civil union	domestic partner	Cohabitant Depen	dent children
Provide the type of financial interest.  Provide the type of financial Last		idual who controls this fi First name		behalf. Provide this ind relationship to y	
Provide details regarding how the financial purchase, gift, etc.).	nterest was acquired (so		ate this financial interest (Month/Day/Year)	Provide the cost (in U. at time of acquisition.	S. dollars)
			Est		Est.
Provide the current value (in U.S. dollars) o value at the time interest was sold, lost or otherwise disposed of.		e date interest was or other wise disposed Day/Year)		ovide explanation if interest otherwise disposed of.	st was sold, lost
	Est.		Not Applicable		
Are there any co-owners of this foreign fina	ncial interest controlled o	on your behalf?			
YES NO					
#1 Provide the full name of co-owner.					
Last name	First name		Middle nan	ne	Suffix
Provide the co-owner's current address	(Provide City and Country	if outside the United States;	otherwise, provide City, Stat	te and Zip Code.)	•
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of country	itizenship.	I	I		
Country #1	Country #2		Provide your rela	ationship with the co-owne	er.
#2 Provide the full name of co-owner.					
Last name	First name		Middle nam	ne	Suffix
Provide the co-owner's current address	(Provide City and Country	if outside the United States;	otherwise, provide City, Stat	te and Zip Code.)	1
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of co	itizenship.	l	l		

Country #2

Country #1

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

0 4!	~~ 4	 A - 41141	- (Continued)

Section 20A - Foreign Activities - (Continued)					
Complete the following if you responded 'Yes' to EVER had any foreign financial interests that sor		gnized civil unio	n/domestic partner,	cohabitant, or dependent	children having
Entry #2					
Specify: (Check all that apply): Yourself	Spouse or legally recognized	civil union/dome	estic partner	Cohabitant Depend	dent children
Provide the type of financial interest.  Provide the Last name	e name of the individual who con	trols this financi First name	al interest on your b	pehalf. Provide this indi relationship to y	
Provide details regarding how the financial intere purchase, gift, etc.).	, ,	vide the date this acquired. (Mon	is financial interest th/Day/Year)	Provide the cost (in U.S at time of acquisition.	S. dollars)
Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.	Provide the date interes sold, lost, or other wise of. (Month/Day/Year)	disposed		vide explanation if interes otherwise disposed of.	t was sold, lost
	1		ot Applicable		
Are there any co-owners of this foreign financial i	interest controlled on your behalf	?			
YES NO					
<b>#1</b> Provide the full name of co-owner.					
Last name	First name		Middle nam	e	Suffix
Provide the co-owner's current address. (Pro	vide City and Country if outside the Un	ited States; otherw	rise, provide City, State	and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of citizen	ship.	'			
Country #1	Country #2		Provide your rela	tionship with the co-owne	r.
#2 Provide the full name of co-owner. Last name	First name		Middle name	•	Suffix
Provide the co-owner's current address. (Pro	vide City and Country if outside the Un	ited States; otherw	ise, provide City, State	and Zip Code.)	•
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of citizen	ship.				
Country #1	Country #2		Provide your rela	tionship with the co-owne	r.
	1		1		

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20A - Foreign Activities - (Continued)

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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20A - Foreign Activities - (Continued)

- Coulon 2011 1 Croign / Continu							
Complete the following if you responded 'N EVER owned, or do you anticipate owning			on/domestic partner,	cohabitant, or dependent	children		
Entry #2							
Specify (Check all that apply): Yours	elf Spouse or legally recognized	d civil union/dom	nestic partner (	Cohabitant Depend	dent children		
Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of prope Street	erty. City		Country			
Provide the date of purchase or to be acquired. (Month/Day/Year)	Provide how the foreign real estate w purchase, gift, etc.).	арриосын. (монивалу теат)					
		<u> </u>			Est.		
Provide the cost (in U.S. dollars) when sold or expected at time of acquisition.  Are/were/will there any co-owners of this foreign real estate?  Test.  YES  NO							
#1 Provide the full name of co-owner.  Last name	First name		Middle name		Suffix		
Provide the co-owner's current address	S. (Provide City and Country if outside the Ur	nited States; otherw	vise, provide City, State a	nd Zip Code.)	•		
Street	City	State	Zip Code	Country			
Provide the co-owner's country(ies) of	citizenship		<u> </u>				
Country #1	Country #2		Provide the nature	e of your relationship with	the co-owner.		
#2 Provide the full name of co-owner.							
Last name	First name		Middle name		Suffix		
Provide the co-owner's current address	S. (Provide City and Country if outside the Ur	nited States; otherw	vise, provide City, State a	nd Zip Code.)	!		
Street	City	State	Zip Code	Country			
Provide the co-owner's country(ies) of a Country #1	citizenship. Country #2		Provide the nature	of your relationship with	the co-owner.		

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

.S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURITY POSITIONS
Section 20A - Foreign Activities - (6	Continued)
dependent children received	your spouse or legally recognized civil union/domestic partner, cohabitant, or in the last seven (7) years, or are eligible to receive in the future, any lent, social welfare, or other such benefit from a foreign country?
Complete the following if you respondened to the control of the such benefit from a foreign country	nded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other.
Entry #1	
Specify (Check all that apply)	Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children
Provide the type of benefit.	Educational
Provide the frequency of the benefit.	Onetime benefit (Complete (a))
(a) If you have indicated that you, you benefit from a foreign country:	our spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime
Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.  Provide the total value (in U.S. dollars) of the benefit received.  Provide the reason this benefit was received.
way to this foreign country?	u, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any provide explanation.
(b) If you have indicated that you, you benefit from a foreign country:	our spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a
Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.  ☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶  ☐ Est. ☐ Quarterly ☐ Weekly
Provide the name of the country	providing this benefit. Provide the value (in U.S. dollars) of the benefit to be received.  Provide the reason this benefit will be received.  Est.
way to this foreign country?	u, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any provide explanation.
	spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a <b>continuing</b> or other
Provide the date the benefit bed	gan. (Month/Day/Year)  Provide the date the benefit is expected to end. (Month/Day/Year)
,	☐ Est. ☐ Est.
Provide the frequency that this Annually Quarterly	penefit is received.  ☐ Monthly ☐ Other (Provide explanation) ▶ ☐ Weekly
Provide the name of the country this benefit.	providing Provide the total value (in U.S. dollars) Provide the reason this benefit is being received.
uno porione.	Est.
As a result of this benefit are yo	u, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any
way to this foreign country?	provide explanation.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 20A - Foreign Activities - (Continued)

	,		
	ponded ' <b>Yes</b> ' that as a U.S. citizen, have you, y he last seven (7) years, or are eligible to receive try.		
Entry #2			
Specify (Check all that apply)	Yourself Spouse or legally recogniz	red civil union/domestic partner	Cohabitant Dependent children
Provide the type of benefit.	Educational Medical	Retirement	Social Welfare
	Other such benefit (Provide explanation)	<b>&gt;</b>	
Provide the frequency of the benefit.	Onetime benefit (Complete (a))  Other (Complete (c)) (Provide explanation)	Future benefit (Complete (b))	Continuing benefit (Complete (c))
(a) If you have indicated that you benefit from a foreign country	i, your spouse or legally recognized civil union/o	domestic partner, cohabitant, or depend	lent children received a onetime
Provide the date the benefit was received. (Month/Day/Yea	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
_	Est.	, 	st.
As a result of this benefit are way to this foreign country?	you, your spouse or legally recognized civil unio	on/domestic partner, your cohabitant, o	r dependant children obligated in any
, ,	s, provide explanation.		
□ NO			
(b) If you have indicated that you benefit from a foreign country	, your spouse or legally recognized civil union/c	domestic partner, cohabitant, or depend	lent children expect to receive a
Provide the date the benefit v	',		
begin. ( <i>Month/Day/Year</i> )	☐ Annually ☐ Monthly ☐ St. ☐ Quarterly ☐ Weekly	Other (Provide explanation)	<b>•</b>
Provide the name of the cour	ntry providing this benefit. Provide the value (in benefit to be receive		Provide the reason this benefit will be received.
		Est.	
As a result of this benefit are way to this foreign country?	you, your spouse or legally recognized civil union	on/domestic partner, your cohabitant, o	r dependant children obligated in any
☐ YES If yes	s, provide explanation.		
benefit from a foreign country	ur spouse or legally recognized civil union/dome r:	estic partner, cohabitant, or dependent	children receive a <b>continuing</b> or other
Provide the date the benefit b	pegan. (Month/Day/Year) Provide the da	ate the benefit is expected to end. (Mon	th/Day/Year)
	☐Est.		Est.
Provide the frequency that th	s benefit is received.		
Annually	☐ Monthly ☐ Other (Pro	vide explanation) <b>▶</b>	
Quarterly	Weekly		
Provide the name of the cour		•	de the reason this benefit is
this benefit.	of benefit.	Est.	received.
As a result of this benefit are way to this foreign country?	 you, your spouse or legally recognized civil unio		r dependant children obligated in any
, , ,	s, provide explanation.		
□ NO			

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Continued) 20A.5 Have you EVER provided financial support for any foreign national? YES NO (If NO, proceed to 20B) Complete the following if you responded 'Yes' to providing financial support for any foreign national. Entry #1 Provide the name of the foreign national you support or have supported financially. Suffix Last name First name Middle name Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the nature of your relationship with the foreign national listed above. Provide the amount (in U.S. dollars) of all financial support provided. \_\_\_ Est. Provide this foreign national's country(ies) of citizenship. Provide the frequency of your support. Country #1 Country #2 Entry #2 Provide the name of the foreign national you support or have supported financially. Last name First name Middle name Suffix Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Country Zip Code Provide the amount (in U.S. dollars) of all financial support provided. Provide the nature of your relationship with the foreign national listed above. Est. Provide this foreign national's country(ies) of citizenship. Provide the frequency of your support. Country #1 Country #2

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B. Foreign Business Brafassianal Act	witing and Faraign Co	vermment Centests	
Section 20B - Foreign Business, Professional Act	vities, and Foreign Go	vernment Contacts	
20B.1 Have you in the last seven (7) years provid foreign business or other foreign organization (Answer "No" if all your advice or support was	n that you have not prev	iously listed as a former employer?	YES NO (If NO, proceed to 20B.2)
Complete the following if you responded 'Yes' to have business or other foreign organization that you have			ndividual associated with a foreign
Entry #1			
Provide a description of advice/support provided.	Provide the name of t Last name	he individual to whom advice or support was First name	provided. Middle name Suffix
Provide the name of the foreign organization or fore associated.	eign business with whon	n the individual is Provide the country of orig	gin for the organization or business.
Provide the date(s) during which this advice or sup From Date (Month/Year)  To Date (Month/Year)  Est.		Describe what compensation, if any, was p	provided for your service.
Entry #2			
Provide a description of advice/support provided.	Provide the name of t Last name	he individual to whom advice or support was  First name	provided.  Middle name Suffix
Provide the name of the foreign organization or foreign associated.	eign business with whon	n the individual Provide the country of orig	gin for the organization or business.
Provide the date(s) during which this advice or sup From Date (Month/Year)  To Date (Month/Year)  Est.		Describe what compensation, if any, was p	provided for your service.
For this question, 'Immediate Family' means your spo siblings, children, step-children, and cohabitant.	use or legally recognize	d civil union/domestic partner, parents, step-p	parents, siblings, half and step-
20B.2 Have you, your spouse or legally recognized your immediate family in the last seven (7) even informally, by any foreign government of was authorized pursuant to official U.S. Government of the control of the co	years been asked to pro official or agency? (Answ	ovide advice or serve as a consultant, 🗀 ''	ES NO (If NO, proceed to 20B.3)
Complete the following if you responded 'Yes' to you immediate family having in the last seven (7) year official or agency.			
Entry #1			
Provide the name of the government official. Last name	First name	Middle name	Suffix
Provide the name of the agency.	-	Provide the country with which the governr	nent official or agency is affiliated.
Provide the date of the request. (Month/Year)  Est.	Provide the circumsta	nnces of request.	
Entry #2	<u> </u>		
Provide the name of the government official. Last name	First name	Middle name	Suffix
Provide the name of the agency.		Provide the country with which the governr	l nent official or agency is affiliated.
Provide the date of the request. (Month/Year)  Est.	Provide the circumsta	nnces of request.	
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Standard Form 86 Revised November 2016

### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

U.S. Office of Personnel Management NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Has any foreign national in the last seven (7) years offered you a job, asked you to work as a YES NO (If NO, proceed to 20B.4) consultant, or consider employment with them? Complete the following if you responded 'Yes' to any foreign national having in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them. Entry #1 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name Provide a description of the position offered. Provide the date when this offer Did you accept the offer? was extended. (Month/Year) YES Explanation ▶ Est. NO Explanation > Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Entry #2 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name Did you accept the offer? Provide a description of the position offered. Provide the date when this offer was extended. (Month/Year) ☐ YES Explanation ▶ Est. NO Explanation ▶ Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country

### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Have you in the last seven (7) years been involved in any other type of business venture with a foreign YES NO (If NO, proceed to 20B.5) national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? Complete the following if you responded 'Yes' to having in the last seven (7) years been involved in any other type of business venture with a foreign national not described above. Entry #1 Provide the full name of this foreign national. Last name First name Middle name Suffix Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the citizenship(s) of this foreign national. Country #1 Country #2 Provide a description of the business venture. Provide your relationship to this foreign national. Provide the length of time you have been involved in the business venture. Provide the nature of association with Provide the position you held. this business venture. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the financial support involved. Provide the service you provided. Provide a description of what compensation was provided for your service. Entry #2 Provide the full name of this foreign national. First name Suffix Last name Middle name Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the citizenship(s) of this foreign national. Country #1 Country #2 Provide a description of the business venture. Provide your relationship to this foreign national. Provide the length of time you have been involved in the business venture. Provide the nature of association with Provide the position you held. From Date (Month/Year) To Date (Month/Year) Present this business venture. Est. Est. Provide the financial support involved. Provide the service you provided. Provide a description of what compensation was provided for your service.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional	Activities, and Foreign Government Contacts - (Continued)
	ttended or participated in any conferences, trade shows, (Do not include those you attended or participated in on official
Complete the following if you responded 'Yes' or meetings outside the U.S.	to in the last seven (7) years having attended or participated in any conferences, trade shows, seminars,
Entry #1	
Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year)  To Date (Month/Year)  Est.  Provide the purpose of the event.  From Date (Month/Year)  Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any fo	reign nationals as a result of the event?
YES Provide explanation	Contact #1 explanation
for each contact.	Contact #2 explanation
	Out to the surface time
	Contact #4 explanation
Entry #2	
Provide the name and description of event.	Provide the dates for the event.  Provide the purpose of the event.
Trevide the fidine and description of event.	From Date (Month/Year) To Date (Month/Year) Present
	Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any for	reign nationals as a result of the event?
YES Provide explanation	Contact #1 explanation
NO for each contact.	Contact #2 explanation
	Contact #2 contaction
	Contact #4 explanation

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

r this question, 'Imi  B.6 Have you or a government, i service, etc.) routine visa a on a U.S. pass  Complete the follow foreign government whether inside or complete the following foreign government whether inside or complete the following foreign government whether inside or complete the following foreign government go	gn Business, Professional Ac mediate Family' means your sp any member of your immediate its establishment (such as emb- or its representatives, whether applications and border crossing asport, or as a U.S. military serv	ouse, parents, sto family <b>in the last</b> assy, consulate, a inside or outside	ep-parents, siblings, half and s	step- siblings, children, step-o	children, and cohabitant.
B.6 Have you or a government, i service, etc.) routine visa a on a U.S. pass Complete the follow foreign government whether inside or complete the following government whether inside or complete the following government whether the following government wh	any member of your immediate its establishment (such as emb or its representatives, whether applications and border crossing	family <b>in the last</b> assy, consulate, a inside or outside	seven (7) years had any con	tact with a foreign	children, and cohabitant.
government, i service, etc.) routine visa a on a U.S. pas Complete the follor foreign government whether inside or co	its establishment (such as emborits representatives, whether applications and border crossing	assy, consulate, a inside or outside			
foreign governmen whether inside or c Entry #1	· · · · · · · · · · · · · · · · · · ·		the U.S.? (Answer 'No' if the c r official U.S. Government trav	ontact was for vel, foreign travel	S NO (If NO, Proceed to 20B.7)
Entry #1	wing if you responded <b>'Yes'</b> to yot, its establishment (such as en	you or any memb	er of your immediate family ha	aving in the last seven (7) ye	
-					
Provide the name	of the individual involved in the	contact.			
Last name		First name		Middle name	Suffix
	on of the contact. (Provide City and	•	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
City		State	Zip Code	Country	
Provide the date o (Month/Year)	f contact.	Provide the fore Country #1	ign government(s) involved.	Country #2	
embassy, consulat	f establishment (such as te, agency, military service, urity service, etc.) involved.		nes of the foreign involved in contact.	Provide the purpose/circ	umstances of contact.
Was there any sub	osequent contact initiated by you	l u vour immediate	family member, or a represe	ntative of the foreign organize	ation?
	Provide the purpose of the sub-		Provide date of most recent contact (Month/Day/Year)	Provide plans for future cor	
□NO			contact (Month Bay) Teal)		
-					
L					
Entry #2					
Provide the name of Last name	of the individual involved in the	contact. First name		Middle name	Suffix
Provide the locatio City	on of the contact. (Provide City and	d Country if outside to State	he United States; otherwise, provide Zip Code	e City, State and Zip Code.) Country	1
Provide the date or (Month/Year)	f contact.	Provide the fore Country #1	ign government(s) involved.	Country #2	
embassy, consulat	f establishment (such as te, agency, military service, urity service, etc.) involved.		nes of the foreign involved in contact.	Provide the purpose/circ	umstances of contact.
Was there any sub	osequent contact initiated by yo	ıu, your immediate	e family member, or a represe	ntative of the foreign organiz	ation?
YES —▶ [	Provide the purpose of the sub		Provide date of most recent contact (Month/Day/Year)	Provide plans for future cor	
□ NO					
		-			

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

.S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECU	RITY POSIT	IONS		
Section 20B - Foreign Business, Professional	Activities, and Foreign Gover	nment Contacts -	(Continued)		
20B.7 Have you in the last seven (7) years sponding for work, or for permanent residence?	onsored any foreign national to	come to the U.S. a	as a student,	YES NO (If N	IO, proceed to 20B.8)
Complete the following if you responded 'Yes' to work, or for permanent residence.	o in the last seven (7) years	naving sponsored a	ny foreign national	to come to the U.S. as	s a student, for
Entry #1					
Provide the name of the sponsored foreign nation	onal.				
Last name	First name		Middle name		Suffix
Provide the date of birth for the sponsored foreign	gn national.		•		
Date (Month/Year)	•				
Est.					
Provide the place of birth for the sponsored fore	ign national.				
	_	untry (Required)			
Provide the current street address of the sponsor	ored foreign national. (Provide C	City and Country if out	side the United States:	otherwise, provide City.	State and Zip Code)
Street	City	State	Zip Code	Country	Clair and Esp Couch
Provide the country(ies) of citizenship for the sp	one grad foreign national	Provide	<u>l</u> the name of the org	  anization through   [	Not Applicable
1	ountry #2		onsorship was arra		Not Applicable
	and y n2	1			
Provide the address of the organization through United States; otherwise, provide City, State and Zip C		ged, if applicable. (	Provide City and Coun	try if outside the	Not Applicable
Street	City	State	Zip Code	Country	
5531					
Provide the dates of stay in the U.S. for the spo	neared foreign national				
From Date (Month/Year)  To Date (M					
Est.	, <u></u>				
	Est.				
Provide the address of the sponsored foreign na	_		7: O I -		
Street	City I	State I	Zip Code I		
Provide the purpose of stay in the U.S. for the s	ponsored foreign national.	Provide the purpo	se of your sponsors	ship for the sponsored	foreign national.

Enter your Social Security Number before going to the next page -

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

Country #1  Country #2  Which  Provide the address of the organization through which sponsorship was arranged, if applicable.  United States; otherwise, provide City, State and Zip Code)  Street  City  State  Provide the dates of stay in the U.S. for the sponsored foreign national.  From Date (Month/Year)  Est.  Provide the address of the sponsored foreign national while residing in the U.S.  Street  City  State	Zip Code Code  le the name of the organiz sponsorship was arranged.  (Provide City and Country if	zation through
Provide the date of birth for the sponsored foreign national.  Date (Month/Year)	eutside the United States; othe Zip Code Cou le the name of the organiz sponsorship was arranged . (Provide City and Country if	erwise, provide City, State and Zip Country  zation through  Not Applicated, if applicable.
Date (Month/Year)	Zip Code Code  le the name of the organiz sponsorship was arranged.  (Provide City and Country if Code Code Code Code Code Code Code Code	zation through
Provide the current street address of the sponsored foreign national. (Provide City and Country if of Street  City  State  Provide the country(ies) of citizenship for the sponsored foreign national.  Country #1  Country #2  Provide the address of the organization through which sponsorship was arranged, if applicable. United States; otherwise, provide City, State and Zip Code)  Street  City  State  Provide the dates of stay in the U.S. for the sponsored foreign national.  From Date (Month/Year)  Est.  Provide the address of the sponsored foreign national while residing in the U.S.  Street  City  State	Zip Code Code  le the name of the organiz sponsorship was arranged.  (Provide City and Country if Code Code Code Code Code Code Code Code	zation through
Provide the country(ies) of citizenship for the sponsored foreign national.  Country #1  Country #2  Provide the address of the organization through which sponsorship was arranged, if applicable.  United States; otherwise, provide City, State and Zip Code)  Street  City  State  Provide the dates of stay in the U.S. for the sponsored foreign national.  From Date (Month/Year)  To Date (Month/Year)  Present  Est.  Provide the address of the sponsored foreign national while residing in the U.S.  Street  City  State	Zip Code Code  le the name of the organiz sponsorship was arranged.  (Provide City and Country if Code Code Code Code Code Code Code Code	zation through
Country #1  Country #2  Which  Provide the address of the organization through which sponsorship was arranged, if applicable.  United States; otherwise, provide City, State and Zip Code)  Street  City  State  Provide the dates of stay in the U.S. for the sponsored foreign national.  From Date (Month/Year)  Est.  Provide the address of the sponsored foreign national while residing in the U.S.  Street  City  State	sponsorship was arranged  (Provide City and Country if Code Co	ed, if applicable.
United States; otherwise, provide City, State and Zip Code)  Street  City  State  Provide the dates of stay in the U.S. for the sponsored foreign national.  From Date (Month/Year)  Est.  Provide the address of the sponsored foreign national while residing in the U.S.  Street  City  State	Zip Code Co	
From Date (Month/Year)  Est.  Provide the address of the sponsored foreign national while residing in the U.S.  Street  City  State	Zip Code	
Provide the purpose of stay in the U.S. for the sponsored foreign national.  Provide the purpose of stay in the U.S. for the sponsored foreign national.		
	pose of your sponsorship f	for the sponsored foreign nation

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20B - Foreign Business, Profession	al Activities and Foreign Gove	ernment Contacts - (Continued)
BB.8 Have you EVER held political office in		
<u> </u>	<u> </u>	YES NO (If NO, proceed to 20B.9)
Complete the following if you responded 'Ye	s' to having EVER held political o	iffice in a foreign country.
Entry #1	Dravide the detection hald hali	ical office
Provide the position held.	Provide the dates you held politication of the provided in the	rical office. Provide the name of the country involved. To Date (Month/Year) Present
	Est.	Est.
0 11 11 () 5 11 (11 11 11		
Provide the reason(s) for these activities.	İ	Provide your current eligibility to hold political office in a foreign country.
Entry #2		
Provide the position held.	Provide the dates you held politicate Date (Manth Manth	
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.
Provide the reason(s) for these activities.	1	Provide your current eligibility to hold political office in a foreign country.
3.9 Have you EVER voted in the election	of a foreign country?	
That's you be better voted in the discillant	S. S. Ioroigir Sourid y :	YES NO (If NO, Proceed to 20C)
Complete the following if you responded 'Ye	s' to having EVER voted in the e	ection of a foreign country.
Entry #1		
Provide the date you voted in the foreign ele	ection. (Month/Year)	Provide the name of the country involved.
	☐ Es	t.
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.
,		
<b>Entry #2</b> Provide the date you voted in the foreign ele	ection (Month Moor)	Provide the name of the country involved.
Flovide the date you voted in the loreigh ele	Est	
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.
	an analana da dha a sa da sa	,
er your Social Security Number befor	re going to the next page •	<b></b>

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel		
Have you traveled outside the U.S. in the	last seven (7) years?	YES NO (If NO, proceed to Section 21)
	rs been solely for U.S. Government business/military (i.e., no personal trips in conjunction with the official	
		seven (7) years for other than solely U.S. Government business. rips made in conjunction with official U.S. Government business
Entry #1		
Provide the country visited.	Provide the dates of your travel to this country.  From Date (Month/Year)  Est.  To Date (Month/Year)	Provide the total number of days involved in the visit.  Present 1-5 11-20 More than 30  Est. 6-10 21-30 Many short trips
Provide the purpose of the travel to this	country (Check all that apply).	,
☐ Business/Professional conference☐ Volunteer activities	☐ Education ☐ Trade shows, of ☐ Tourism ☐ Visit family or f	conferences, and seminars Other iriends
While traveling to, or in this country, we customs or security service officials wh	en entering or leaving this country?	(other than for normal customs requirements) by the local
While traveling to or in this country, well YES If yes, provide NO	re you involved in any encounter with the police? explanation.	
		own or suspected of being involved or associated with foreign
YES — If yes, provide	explanation.	
□NO		
While traveling to, or in this country, we	ere you involved in any counterintelligence or security	issues not reported?
YES If yes, provide	explanation.	
□NO		
While traveling to or in this country, we	re you contacted by, or in contact with anyone exhibit	ting excessive knowledge of or undue interest in you or your job?
YES If yes, provide	explanation.	
□NO		
information?  YES ——— If yes, provide		oting to obtain classified information or unclassified, sensitive
NO		
While traveling to, or in this country, we intelligence or security service?	re you threatened, coerced, or pressured in any way	to cooperate with a foreign government official or foreign
YES If yes, provide	explanation.	
□NO		
<u> </u>		

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20C - Foreign Travel - (Continued)

Section 20C - Foreign Travel - (Continu	iea)			
Complete the following if you responde Provide information about all such trips on official government orders.				
Entry #2				
Provide the country visited.		Date (Month/Year) Present	1-5 11-	er of days involved in the visit.  20
Est. Est. 6-10 21-30 Many short trips  Provide the purpose of the travel to this country (Check all that apply).				
Business/Professional conference Education Trade shows, conferences, and seminars Other				
Volunteer activities	Tourism	☐ Visit family or friends	o, and communo	Galei
While traveling to, or in this country, we customs or security service officials who YES If yes, provide	en entering or leaving this coun		for normal customs req	uirements) by the local
While traveling to or in this country, were you involved in any encounter with the police?  YES If yes, provide explanation.				
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?  YES — If yes, provide explanation.				
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?  YES  If yes, provide explanation.				
While traveling to or in this country, we	•	ct with anyone exhibiting excess	ive knowledge of or und	lue interest in you or your job?
While traveling to or in this country, we information?  YES ——— If yes, provide  NO	•	ct with anyone attempting to obt	ain classified information	n or unclassified, sensitive
While traveling to, or in this country, we intelligence or security service?  YES   If yes, provide		pressured in any way to coopera	ate with a foreign govern	nment official or foreign
□NO				
- 1				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 20C - Foreign Travel - (Continued)

Section 200 - Poreign Traver - (Continu	ueuj			
	ed 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. s made outside the United States including personal trips made in conjunction with official U.S. Government business			
Entry #3				
Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year)  To Date (Month/Year)  Present  1-5  11-20  More than 30  Est.  Est.  Fig. 6-10  21-30  Many short trips			
Provide the purpose of the travel to this country (Check all that apply).				
Business/Professional conference Education Trade shows, conferences, and seminars Other				
Volunteer activities	Tourism Visit family or friends			
While traveling to, or in this country, we customs or security service officials what is a provide NO	,			
While traveling to or in this country, we YES If yes, provide NO	ere you involved in any encounter with the police? e explanation.			
While traveling to or in this country, we intelligence, terrorist, security, or milita  YES If yes, provide  NO				
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?  YES  If yes, provide explanation.  NO				
While traveling to or in this country, we YES ———————————————————————————————————	ere you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? e explanation.			
While traveling to or in this country, we information?  YES  NO	ere you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive explanation.			
intelligence or security service?	rere you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign			
☐ YES ───────────────────────────────────	explanation.			
1				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 20C - Foreign Travel - (Continued)

- Coulon 200 1 Grough Travol (Continu				
	led 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business made outside the United States including personal trips made in conjunction with official U.S. Government business			
Entry #4				
Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Present To Date (Month/Year) Date (Month/Year) Present To Date (Month/Year) Date (			
Provide the purpose of the travel to this country (Check all that apply).				
Business/Professional conference Education Trade shows, conferences, and seminars Other				
☐ Volunteer activities	Tourism Visit family or friends			
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?  YES  If yes, provide explanation.				
While traveling to or in this country, we If yes, provide NO	ere you involved in any encounter with the police? e explanation.			
While traveling to or in this country, we intelligence, terrorist, security, or milita  YES ————————————————————————————————————	, ,			
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?  YES  If yes, provide explanation.				
While traveling to or in this country, we YES ———— If yes, provide NO	ere you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job e explanation.			
information?	ere you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive e explanation.			
While traveling to, or in this country, w intelligence or security service?  YES If yes, provide NO	vere you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign e explanation.			
<u>'</u>				

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

sensitive position, suitability or fitness to obtain o facilities or information systems. Seeking or recei your eligibility.	ving mental health care for personal	wellness and re	ecovery may contrib	ute favorably to decisions about
21A Has a court or administrative agency EV	<b>ER</b> issued an order declaring you m	nentally incompe	etent? YES	NO (If NO, proceed to Section 21B)
Complete the following if you responded 'Yes'	to having a court or administrative a	gency <b>EVER</b> is:	suing an order decla	aring you mentally incompetent.
Entry #1				
Provide the date this occurred. (Month/Year)  Est.	Provide the name of the court or ad	Iministrative age	ency that declared y	ou mentally incompetent.
Provide the address of the court or administrat				
Street	City	State I	Zip Code I	Country
Was this matter appealed to a higher court or a	administrative agency?			
YES NO				
Appeal #1				
Provide the name of the court or administr	ative agency.	Provide the fi	nal disposition.	
Provide the address of the court or admini	strative agency. (Provide City and Cou	untry if outside the	United States; otherw	The state of the s
Street	City	State	Zip Code	Country
Appeal #2		•		
Provide the name of the court or administr	ative agency.	Provide the fi	nal disposition.	
Provide the address of the court or admini	strative agency. (Provide City and Cou	untry if outside the		
Street	City	State	Zip Code	Country
	•	•		

Enter your Social Security Number before going to the next page	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 21A - Psychological and Emotional Health - (Continued)

Section 21A - Psychological and Emotional Re	aitii - (Continued)			
Complete the following if you responded 'Yes'	to having a court or administrative a	gency EVER is	suing an order decla	aring you mentally incompetent.
Entry #2				
	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Provide the address of the court or administrati	ve agency. (Provide City and Country	if outside the Unit	ed States; otherwise, p	provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Was this matter appealed to a higher court or a	dministrative agency?			
YES NO				
Appeal #1				
Provide the name of the court or administra	ative agency.	Provide the fi	nal disposition.	
Provide the address of the court or adminis	strative agency. (Provide City and Cou	ıntry if outside the	United States; otherw	ise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Appeal #2		1		
Provide the name of the court or administra	ative agency.	Provide the fi	nal disposition.	
	3 ,		'	
Provide the address of the court or adminis	strative agency (Provide City and Co	intra if outside the	Linited States; otherw	ing provide City State and Zin Code)
Street	City	State	Zip Code	Country
Circot				l ,
				ļ
Entry #3	D :1 !!			
Provide the date this occurred. (Month/Year)  Est.	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Provide the address of the court or administrati	ve agency. (Provide City and Country	if outside the Unit	ed States; otherwise, p	provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Was this matter appealed to a higher court or a	dministrative agency?			1
∵ YES □NO	ů ,			
<del></del>				
Appeal #1				
Provide the name of the court or administration	ative agency.	Provide the fi	nal disposition.	
Duratida the address of the assume as advaining	trative analysis (D. 11.0)		11.11.100.10	(1) (1) (1) (1) (1) (1) (1) (1) (1)
Provide the address of the court or administrated Street	City	Intry it outside the State	Zip Code	Se, provide City, State and Zip Code)  Country
Stieet				1
Appeal #2				
Provide the name of the court or administration	ative agency.	Provide the fi	nal disposition.	
Provide the address of the court or adminis	strative agency. (Provide City and Co.	I Intry if outside the	United States: otherw	ise, provide City, State and Zin Code)
Street	City	State	Zip Code	Country

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Parts 731, 732, and 736 Section 21B - Psychological and Emotional Health - (Continued) 21B Has a court or administrative agency EVER ordered you to consult with a mental health YES NO (If NO, proceed to Section 21C) professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) Complete the following if you responded 'Yes' to having a court or administrative agency EVER ordered you to consult with a mental health professional. Entry #1 Provide the name of the court or administrative agency that ordered you to consult with a mental Provide the date this occurred. (Month/Year) health professional. Est. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the final disposition. Was this matter appealed to a higher court or administrative agency? YES ☐ NO Appeal #1 Provide the name of the court or administrative agency. Provide the final disposition. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Appeal #2 Provide the name of the court or administrative agency. Provide the final disposition. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

State

City

Zip Code

Country

Street

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

anded 'Yes' to having a co				
mada 100 to maving a oo	ourt or administrative agend	cy <b>EVER</b> orde	red you to consult	with a mental health professional
		strative agenc	cy that ordered you	ı to consult with a mental
administrative agency. (F	Provide City and Country if out	side the United	States; otherwise, pr	ovide City, State and Zip Code)
City	St	ate Z	ip Code	Country
	<u> </u>			
er court or administrative	agency?			
or administrative agency.	Pr	ovide the final	I disposition.	
				se, provide City, State and Zip Code) Country
or administrative agency.	Pr I	ovide the final	l disposition.	
			" 101 1 11 1	
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1	health profes    Est.     administrative agency. (I City     city     or administrative agency. (I City     city     city     city     city     city     city     city     city     cor administrative agency. (City     city     cor administrative agency. (City     cor adm	health professional.    Est.     administrative agency. (Provide City and Country if out City St St     St	health professional.    Est.     administrative agency. (Provide City and Country if outside the United City State Z	administrative agency. (Provide City and Country if outside the United States; otherwise, processor City State Zip Code  Ber court or administrative agency?  Or administrative agency. Provide the final disposition.  Int or administrative agency. (Provide City and Country if outside the United States; otherwise City State Zip Code  Or administrative agency. Provide the final disposition.  Or administrative agency. Provide the final disposition.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 21C - Psychological and Emotional Health - (Continued) 21C Have you EVER been hospitalized for a mental health condition? ☐ YES NO (If NO, proceed to Section 21D) Complete the following if you responded 'Yes' to having EVER been hospitalized for a mental health condition Entry #1 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date To Date Voluntary Explanation > (Month/Year) (Month/Year) Present Est. Involuntary Explanation > Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #2 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date Voluntary Explanation > (Month/Year) (Month/Year) Present Est. Involuntary Explanation > Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State City Zip Code Country Entry #3 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date To Date Voluntary Explanation > (Month/Year) (Month/Year) Present Involuntary Est. Explanation > Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #4 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date To Date Voluntary Explanation > (Month/Year) (Month/Year) Present Involuntary Explanation > Est. Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 21D - Psychological and Emotional Health - (Continued)

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, is not a reason to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

21D Have you EVER been diagnosed by a physician or other health professional (for example, a ☐ YES NO (If NO, proceed to Section 21E) psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional. Entry #1 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Present Est. Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Night Telephone number Extension Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Provide the telephone number of the agency/organization/facility. Provide the name of any agency/organization/facility Same as Same as where counseling/treatment was provided. above above Telephone number Extension Day Night International or DSN phone number Same as Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the above United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation ▶ Entry #2 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Present Est. ☐ Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Night Telephone number Extension Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Same as Provide the telephone number of the agency/organization/facility. Same as Provide the name of any agency/organization/facility where counseling/treatment was provided. above above Telephone number Extension Day Night International or DSN phone number Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the Same as above United States; otherwise, provide City, State and Zip Code) Street State Zip Code City Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation ▶ Enter your Social Security Number before going to the next page

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional.  Entry #3  Identify the diagnosis or health condition.  Provide the dates of diagnosis. From Date(Month/Year)  To Date (Month/Year)  Est.  Est.
Identify the diagnosis or health condition.  Provide the dates of diagnosis.  From Date(Month/Year)  To Date (Month/Year)  Prese
Identify the diagnosis or health condition.  Provide the dates of diagnosis.  From Date(Month/Year)  To Date (Month/Year)  Prese
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.  Provide the telephone number of the health care professional.  Telephone number Extension Day Night International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country
Provide the name of any agency/organization/facility where counseling/treatment was provided.  Same as above Telephone number of the agency/organization/facility. Same as Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number of the agency/organization/facility.
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country
Was the counseling/treatment effective in managing your symptoms?
☐ YES ☐ NO If no, provide explanation ▶
Entry #4
Identify the diagnosis or health condition.  Provide the dates of diagnosis.  From Date(Month/Year)  To Date (Month/Year)  Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.  Provide the telephone number of the health care professional.  Telephone number Extension Day Night International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
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Street City State Zip Code Country  Provide the name of any agency/organization/facility where counseling/treatment was provided.  Same as above Telephone number Extension Day Night above
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Street City State Zip Code Country  Provide the name of any agency/organization/facility where counseling/treatment was provided.  Provide the address of agency/organization/facility where counseling/treatment was provided.  Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street City State Zip Code Country

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21D - Psychological and Emotional He	alth - (Continue	ed)				
In the last seven years, have there been any occa altering or discontinuing, or failing to start a presc	,					☐ YES ☐ NO
21D.1 Are you currently in treatment?					YES	NO (If NO, proceed to Section 21E)
Complete the following if you responded 'Yes' t	o currently being	g in treatment.				
Entry #1						
	Provide the name of the health care professional providing such treatment.			er of the	professional.	
such treatment.		Telephone num	ber		Extension	Day Night
						International or DSN phone number
Provide the address of the health care profession		y and Country if outs				
Street	City 		State 	Zip C	ode	Country
Entry #2	al providing	Dravida the tale	phono numbo	or of the	hoolth ooro n	professional
Provide the name of the health care profession such treatment.	ai providing	Provide the tele	priorie numbe	ei oi tile i	пеанн саге р	
		Telephone num	ber		Extension	Day Night
Describe the section of the health are made at				<b>.</b>		International or DSN phone number
Provide the address of the health care professi Street	onal. <i>(Provide Cit</i> City	y and Country if outs	side the United : State	States; oti Zip C		de City, State and Zip Code)  Country
				'		
Entry #3	-1		l			1
Provide the name of the health care profession.	al providing	Provide the tele	phone numbe	er of the	health care p	professional.
such treatment.		Telephone num	ber		Extension	☐ Day ☐ Night
		l siepnene nam				International or DSN phone number
Provide the address of the health care profession	onal. <i>(Provide Cit</i>	ty and Country if outs	side the United	States; oti	l herwise, provid	de City, State and Zip Code)
Street	City I		State	Zip C	ode	Country
Entry #4		T				
Provide the name of the health care professions such treatment.	al providing	Provide the tele	phone numbe	er of the	health care p	
		Telephone num	ber		Extension	DayNight
						International or DSN phone number
Provide the address of the health care professi Street	onal. <i>(Provide Cit<sub>.</sub></i> City	y and Country if outs	side the United State	States; oti Zip C		de City, State and Zip Code) Country
eneet.					odo	

### QUESTIONNAIRE FOR

tion 21E - Psychological and Emotional Health - <i>(Conti</i>	inued)						
nplete the following if you responded ' <b>No</b> ' to 21A, 21B, 21C	c, and 21D (A	ll). If ' <b>Yes</b> ' was	selected for e	ither 21A, 21B,	21C, or 21D, procee	ed to Section	on 22.
<b>1E</b> Do you have a mental health or other health condition trustworthiness even if you are not experiencing such			ely affects you	r judgment, reli	ability, or	YES	N
(Note: If your judgment, reliability, or trustworthiness i answer "no" even if you have a mental health or other counseling as a result of service as a first responder, violence, or marital issues, but your judgment, reliabil	r condition red service in a r	quiring treatme military combat	nt. For examp environment, l	le, if you are in having been se	need of emotional oxually assaulted or a	or mental he victim of d	ealth
Complete the following if you responded 'Yes' to having a m	nental health	condition that a	dversely affec	ts your judgme	nt, reliability, or trust	worthiness	
oid you ever receive or are you currently receiving counseling onsultation or treatment will not disqualify you and is consinuous YES I decline to answer (If I decline to answer, p	dered to be a	positive action		ay choose not t	o answer this questi	on. Howeve	er, suc
NO (If NO, provide explanation and proceed to Section 22).	•						
intry #1							
you responded ' <b>Yes'</b> to having ever received or you are cu	urrently receiv	ing counseling	or treatment f	or that conditio	n.		
1 Provide the dates of counseling or treatment  From Date (Month/Year) To Date (Month/Year)    Est.	Present	Provide the te Telephone nu	•	er of the health Extension	n care professional.  Day Night International or	DSN phone	e numb
Provide the name of the health care professional.						<u> </u>	
Provide the address of the health care professional. (Pro Street City	ovide City and (	_		es; otherwise, pro Zip Code	vide City, State and Zip Country	Code)	
Provide the name of any agency/organization/facility where counseling/treatment was provided	Same as above	Provide the te Telephone nu		er of the agend Extension	cy/organization/facili Day Night International or		Same a above e numb
Provide the address of agency/organization/facility where the United States; otherwise, provide City, State and Zip Code) Street City	e counseling/	treatment was Sta		ip Code	ntry if outside Country		Same a
Provide the dates of counseling or treatment From Date(Month/Year) To Date (Month/Year)    Est.	Present Est.	Provide the te Telephone nu	•		n care professional. Day Night International or	OSN phone	e numb
Provide the name of the health care professional.		!		!			
Provide the address of the health care professional. (Pro	ovide City and (	_				Code)	
Street City			tate 2	Zip Code	Country		
Provide the name of any agency/organization/facility where counseling/treatment was provided	Same as above	Provide the te Telephone nu		er of the agend Extension	cy/organization/facili Day Night International or		Same a above e numb
Provide the address of agency/organization/facility where the United States; otherwise, provide City, State and Zip Code) Street City	e counseling/	treatment was   Sta		ip Code	ntry if outside		Same above
lave you ever chosen not to follow a prescribed course of to  YES If YES, provide explanation▶	reatment for a	any of these co	nditions?				

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 21E	<ul> <li>Psychological</li> </ul>	and Emotional	Health -	(Continued)
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Section 21E - Psychological and Emotional Health - (Continued)	
Complete the following if you responded 'Yes' to having a mental health co	ondition that adversely affects your judgment, reliability, or trustworthiness.
Entry #2	
If you responded 'Yes' to having ever received or you are currently receiving	ng counseling or treatment for that condition.
ů .	Provide the telephone number of the health care professional.  Telephone number Extension Day Night  International or DSN phone number
Provide the name of the health care professional.	
Provide the address of the health care professional. (Provide City and Co	ountry if outside the United States; otherwise, provide City, State and Zip Code)  State Zip Code Country
	Provide the telephone number of the agency/organization/facility. Same as Telephone number Extension Day Night above International or DSN phone number
Provide the address of agency/organization/facility where counseling/truthe United States; otherwise, provide City, State and Zip Code) Street City	eatment was provided. (Provide City and Country if outside above  Same as above  State Zip Code Country
=	Provide the telephone number of the health care professional.  Telephone number
Provide the name of the health care professional.	
Provide the address of the health care professional. (Provide City and Co	ountry if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country
	Provide the telephone number of the agency/organization/facility.   Same as Telephone number   Extension   Day  Night   International or DSN phone number
Provide the address of agency/organization/facility where counseling/treather the United States; otherwise, provide City, State and Zip Code) Street City	eatment was provided. (Provide City and Country if outside  Same as above  State Zip Code Country
Have you ever chosen not to follow a prescribed course of treatment for ar  ☐ YES If YES, provide explanation▶  ☐ NO	ny of these conditions?

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 22 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

- 22.1 Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)

  YES NO (If NO, proceed to 22.2)
  - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
  - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
  - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).

try #1							
ovide the date of offense	. (Month/Year)	Provide a descri	ption of the sp	ecific nature	of the offense.		
		Est.					
Did this offense involve	any of the followi	ing?					
YES NO							
		nce (such as battery or as er, former spouse or lega					
Involve firearms or e	explosives?						
Involve alcohol or dr	rugs?						
Provide the location who	ere the offense o	ccurred. <i>(Provide City and C</i> County	-	e the United Sta State	ates; otherwise, provid Zip Code	le City, County, Country	, State and Zip Code)
Were you arrested, sum type of law enforcement		did you receive a ticket to	appear as a i	result of this	offense by any polic	ce officer, she	eriff, marshal or any otl
YES NO (If NO	O, proceed to (c))						
		t agency that arrested/cite			d States: otherwise pr	ovide City Cou	untv. State and Zin Code)
		t agency that arrested/cite ent agency. ( <i>Provide City an</i> County	nd Country if out		d States; otherwise, pri Zip Code	ovide City, Cou Country	unty, State and Zip Code)
Provide the location of t	the law enforceme	ent agency. <i>(Provide City al</i> County	nd Country if out	tside the United State	Zip Code	Country	
Provide the location of to City  As a result of this offens	the law enforcements se were you chartoovide the name o	ent agency. (Provide City and County ged, convicted, currently a f the court.	nd Country if out	tside the United State	Zip Code	Country	
Provide the location of to City  As a result of this offens  YES Provide the location of the l	the law enforcements	ent agency. (Provide City and County  Ged, convicted, currently and the court.	nd Country if out	tside the United State	Zip Code	Country	
Provide the location of t City  As a result of this offens  YES  Pro (If ') NO  Pro	she law enforcements se were you chargovide the name ooon on the second of the second	ent agency. (Provide City and County  Ged, convicted, currently and the court.	nd Country if out S awaiting trial, a	tside the United State and/or ordere	Zip Code d to appear in court	Country t in a criminal	proceeding against yo
Provide the location of to City  As a result of this offens  YES Provide the location of the City  Provide the location of the City  Provide all the charges	the law enforcements where you chargovide the name on YES, complete (c.1) ovide explanation on of the court. (Press brought agains	ent agency. (Provide City and County  Ged, convicted, currently and f the court.)  Provide City and Country if our	awaiting trial, a	state United State and/or ordere  States; otherw State Of each charge	Zip Code  d to appear in court  ise, provide City, Cour  Zip Code  ged offense (such a	Country  t in a criminal  onty, State and a  Country  as found guilty	proceeding against yo  Zip Code)  y, found not-guilty, cha
Provide the location of to City  As a result of this offens  YES Provide the location of the City  NO Provide the location of the City  Provide all the charge dropped or "nolle pros	the law enforcements where you chargovide the name on YES, complete (c.1) ovide explanation on of the court. (Press brought agains	ent agency. (Provide City and County  ged, convicted, currently as f the court.   Provide City and Country if our County  st you for this offense, and	awaiting trial, a	state United State and/or ordere  States; otherw State Of each charge	Zip Code  d to appear in court  ise, provide City, Cour  Zip Code  ged offense (such a	Country  t in a criminal  onty, State and a  Country  as found guilty	proceeding against yo  Zip Code)  y, found not-guilty, cha
Provide the location of to City  As a result of this offens  YES Provide the location of the City  (c.1) Provide the location of the City  Provide all the charged dropped or "nolle provide of the City offense.	the law enforcements where you chargovide the name on YES, complete (c.1) ovide explanation on of the court. (Press brought agains	ent agency. (Provide City and County  ged, convicted, currently and fithe court.)  Provide City and Country if our County  St you for this offense, and re found guilty of or plead	awaiting trial, a	state United State and/or ordere  States; otherw State Of each charge	Zip Code  d to appear in court  ise, provide City, Cour  Zip Code  ged offense (such a	Country  t in a criminal  onty, State and a  Country  as found guilty	Proceeding against your procee
Provide the location of to City  As a result of this offens  YES Provide the location of the City  (c.1) Provide the location of the City  Provide all the charged dropped or "nolle provide of the City offense.	the law enforcements where you chargovide the name on YES, complete (c.1) ovide explanation on of the court. (Press brought agains	ent agency. (Provide City and County  ged, convicted, currently and fithe court.)  Provide City and Country if our County  St you for this offense, and re found guilty of or plead	awaiting trial, a	state United State and/or ordere  States; otherw State Of each charge	Zip Code  d to appear in court  ise, provide City, Cour  Zip Code  ged offense (such a	Country  t in a criminal  onty, State and a  Country  as found guilty	Proceeding against your procee
Provide the location of to City  As a result of this offens  YES Provide the location of the City  (c.1) Provide the location of the City  Provide all the charged dropped or "nolle provide of the City offense.	the law enforcements where you chargovide the name on YES, complete (c.1) ovide explanation on of the court. (Press brought agains	ent agency. (Provide City and County  ged, convicted, currently and fithe court.)  Provide City and Country if our County  St you for this offense, and re found guilty of or plead	awaiting trial, a	state United State and/or ordere  States; otherw State Of each charge	Zip Code  d to appear in court  ise, provide City, Cour  Zip Code  ged offense (such a	Country  t in a criminal  onty, State and a  Country  as found guilty	Proceeding against your procee

Provide explanation.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the last seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. ☐ NO Were you sentenced to imprisonment for a term exceeding 1 year? ☐ YES YES NO Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. Est. To Date (Month/Year) If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? □ NO YES

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the last seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Entry #2 Provide a description of the specific nature of the offense. Provide the date of offense. (Month/Year) Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Involve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City Country County State Zip Code (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. YES (If YES, complete (c.1)) Provide explanation > (c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City State Country County Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense Felony/misdemeanor Charge Outcome Date (Month/Year) Est. Est. Est. Est.

Provide explanation.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the last seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. ☐ NO Were you sentenced to imprisonment for a term exceeding 1 year? ☐ YES YES ☐ NO Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? ☐ YES ☐ NO

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

- 22.2 Other than those offenses already listed, have you EVER had the following happen to you?
  - YES NO (If NO, proceed to 22.3)
  - Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
  - Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
  - Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

ntry #1						
rovide the date of offense	e. (Month/Year)	Provide a description  Est.	of the specific natur	e of the offense.		
) Did this offense involve	e any of the followi	ing?				
YES NO						
(Check all that apply).						
		ence (such as battery or assaul se or legally recognized civil ur				
Involve firearms or		0 , 0	·		•	
Involve alcohol or o	drugs?					
Provide the name of th	e court.					
Provide the location of	the court. (Provide	City and Country if outside the Uni	ted States; otherwise,	provide City, County, St.	ate and Zip Co	ode)
City	-	County	State	Zip Code	Country	·
charge dropped or "r		st you for this offense, and the o				
offense separately.						•
Felony/misdemeanor		Charge		Outcome		Date (Month/Year)
		Charge		Outcome		Date (Month/Year)
		Charge		Outcome		<u> </u>
		Charge		Outcome		
		Charge		Outcome		E:
Felony/misdemeanor	s a result of these			Outcome		
Felony/misdemeanor  ) Were you sentenced a		charges?		Outcome		E:
Felony/misdemeanor  ) Were you sentenced as YES (If YES, complete)				Outcome		E:
Felony/misdemeanor  ) Were you sentenced as YES (If YES, complete)  (b.1)	lete (b.1))	charges?		Outcome		E:
Felony/misdemeanor  ) Were you sentenced as YES (If YES, complete)	lete (b.1))	charges?		Outcome		E:
Felony/misdemeanor  ) Were you sentenced a:  YES (If YES, complete)  (b.1)  Provide a description of	ete (b.1))	charges?		Outcome		E:
Felony/misdemeanor  ) Were you sentenced as YES (If YES, complete)  (b.1)  Provide a description of Were you sentenced to	of the sentence.	charges? NO (If NO, complete (b.2))	ear?	Outcome		
Felony/misdemeanor    Yes (If Yes, complete)   Yes (If Yes, complete)   Yes (If Yes, complete)	of the sentence.  of imprisonment for as a result of that and in imprisonment.	charges?  NO (If NO, complete (b.2))  Ta term exceeding 1 year?	_	From Date (Month/Y	<i>'ear'</i> ) To □	
Felony/misdemeanor    YES (If YES, complete)	of the sentence.  of imprisonment for as a result of that addin imprisonment ated.	charges?  NO (If NO, complete (b.2))  Ta term exceeding 1 year?  It sentence for not less than 1 year.	Not Applicable	From Date (Month/Y	Est.	YES NO YES NO Oate (Month/Year) Prese
Felony/misdemeanor  Pelony/misdemeanor  Were you sentenced as the sentence of	of the sentence.  of imprisonment for as a result of that addin imprisonment ated.	charges?  NO (If NO, complete (b.2))  Ta term exceeding 1 year? It sentence for not less than 1 year, provide the dates that you	Not Applicable	From Date (Month/Y	Est.	YES NO YES NO YES NO Est  Prese Est.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

tion 22 - Police Record	- (Continued)						
ntry #2							
Provide the date of offense	e. (Month/Year)	Provide a description	of the	specific nature	of the offense.		
	[	Est.					
a) Did this offense involve	e any of the follow	ina?					
,		<u> </u>					
(Check all that apply).		, , , , , , , , , , , , , , , , , , , ,					
		ence (such as battery or assaul se or legally recognized civil ur					
Involve firearms or	•	55 51 15gamy 1555g.m254 511m an		missus pararer	, e. eeeee	,	
Involve alcohol or o	•						
Provide the name of th							
Provide the location of	the court (Provide	City and Country if outside the Uni	ited Stat	tes: otherwise nr	rovide City County St	ate and 7in Co	de)
City	the court. (1 Tovide	County	ica olai	State	Zip Code	Country	uc)
Provide all the charg	es brought agains	t you for this offense, and the	outcom	ne of each char	ued offense (such a	ı ıs found auilt	v found not-quilty or
charge dropped or "r		you were found guilty of or ple					
offense separately.							
Felony/misdemeanor		Charge			Outcome		Date (Month/Year)
							E
							E:
							E:
Were you sentenced a	s a result of these	charges?					
YES (If YES, compl		NO (If NO, complete (b.2))					
(b.1)	ete ( <i>b. 1))</i>	(II IVO, complete (b.2))					
Provide a description o	of the sentence						
i Tovide a description o	i the sentence.						
Were you sentenced to	imprisonment for	a term exceeding 1 year?					
							YES NO
Were you incarcerated	as a result of that	t sentence for not less than 1 y	ear?				YES NO
If the conviction resulte	ed in imprisonmen	t, provide the dates that you	No	ot Applicable F	From Date (Month/Y	ear) To D	ate (Month/Year) Pres
actually were incarcera	ited.	•	_			Est.	Est.
If conviction resulted in	probation or parc	ole, provide the dates of	□ Nc	ot Applicable F	From Date (Month/Y	ear) To D	Date (Month/Year) Pres
probation or parole.	prozenon er pare	, p				☐ Est.	Est.
(b.2)							
	al awaiting a trial	, or awaiting sentencing on crir	ninal al	harges for this	offense?		
	ovide explanation.		IIIIai Ci	naiges for this	ollelise :		
	. т. ш. с. т. р. ш. т. ш. с. т. п. т.						
vour Social Security	Number befor	e going to the next page				•	

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Entry #3

City

Entry #4

Provide explanation.

Provide explanation.

Provide the date the order was issued. (Month/Year)

Provide the date the order was issued. (Month/Year)

### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

### NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 22 - Police Record - (Continued) 22.3 Is there currently a domestic violence protective order or restraining order issued against you? ☐ YES NO (If NO, proceed to Section 23) Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you? Entry #1 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Zip Code Country Entry #2 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Zip Code

Est.

Est.

State

Provide the name of the court or agency that issued the order.

Provide the name of the court or agency that issued the order.

Country

that issued the orde	er: (Provide City and 0	Country if outside the United Sta	ates; otherwise, p	provide City, State a	nd Zip Code)
State				•	. ,
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			<u> </u>		
	State		State Zip Code Country	State Zip Code Country	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity in accordance with Federal laws, even though permissible under state laws.

ederal laws, even though permissible under state laws.					
In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.					
Complet	e the following if you answered 'Yes'	to in the last seven (7) years h	aving illegally us	ed a drug or controlled substance.	
Entry #1					
Provide	the type of drug or controlled substand	ce.			
Coc	aine or crack cocaine (Such as rock, f	freebase, etc.)	Stimulants (	Such as amphetamines, speed, crysta	I meth, ecstasy, etc.)
□тно	(Such as marijuana, weed, pot, hash	nish, etc.)	Depressants	s (Such as barbiturates, methaqualone	, tranquilizers, etc.)
☐ Keta	☐ Ketamine (Such as special K, jet, etc.) ☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)				oin, etc.)
Hall	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)				
Inha	lants (Such as toluene, amyl nitrate, e	etc.)	Other (Prov	vide explanation) ▶	
		Provide an estimate of the month ear of most recent use. (Month/Ye		Provide nature of use, frequency, an	d number of times used.
ana you	Est.	car of most recent ass. (Month 1)	Est.		
	r use while you were employed as a land in the control of the cont		itor, or courtroon	l n official, or while in	YES NO
Was you	ır use while possessing a security clea	arance?			☐ YES ☐ NO
Do you i	ntend to use this drug or controlled su	ubstance in the future?			YES NO
Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.					
Entry #2	2				
	the type of drug or controlled substance	ce.			
Coc	aine or crack cocaine (Such as rock, f	freebase, etc.)	Stimulants (	Such as amphetamines, speed, crysta	I meth, ecstasy, etc.)
□тно	(Such as marijuana, weed, pot, hash	nish, etc.)	Depressants	s (Such as barbiturates, methaqualone	, tranquilizers, etc.)
☐ Keta	amine (Such as special K, jet, etc.)		Narcotics (S	Such as opium, morphine, codeine, her	oin, etc.)
Hall	ucinogenic (Such as LSD, PCP, mush	nrooms, etc.)	Steroids (Su	uch as the clear, juice, etc.)	
Inha	lants (Such as toluene, amyl nitrate, e	etc.)	Other (Prov	vide explanation) ▶	
		Provide an estimate of the month ear of most recent use. (Month/Yo		Provide nature of use, frequency, an	d number of times used.
	Est.		Est.		
	r use while you were employed as a l n directly and immediately affecting th		itor, or courtroon	n official, or while in	YES NO
Was you	ır use while possessing a security clea	arance?			YES NO
Do you i	ntend to use this drug or controlled su	ubstance in the future?			YES NO
Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.2	In the last seven (7) years, have you been in trafficking, production, transfer, shipping, rece				NO (If NO, proceed to 23.3)
	plete the following if you answered <b>'Yes'</b> to <b>in t</b> cking, production, transfer, shipping, receiving,			illegal purchase, manufac	ture, cultivation,
Entr	y #1				
Prov	ide the type of drug or controlled substance.				
	Cocaine or crack cocaine (Such as rock, freeba	ase, etc.)	its (Such as a	mphetamines, speed, crys	tal meth, ecstasy, etc.)
	THC (Such as marijuana, weed, pot, hashish, e	etc.) Depress	ants (Such as	s barbiturates, methaqualo	ne, tranquilizers, etc.)
	Ketamine (Such as special K, jet, etc.)	☐ Narcotic	s (Such as op	ium, morphine, codeine, h	eroin, etc.)
	Hallucinogenic (Such as LSD, PCP, mushroom	ns, etc.)	(Such as the	clear, juice, etc.)	
	nhalants (Such as toluene, amyl nitrate, etc.)	Other (	Provide expla	nation) ▶	
		Provide an estimate of the month and ye f most recent involvement. (Month/Year)	ar	Provide the nature and fi	requency of activity.
	Est.		Est.		
Prov	ide the reason(s) why you engaged in the activ	vity.		•	
	your involvement while you were employed as ion directly and immediately affecting the public		or courtroom	official, or while in a	YES NO
Was	your involvement while possessing a security of	clearance?			YES NO
Do y	ou intend to engage in this activity in the future	9?			
	YES Provide explanation.				
	NO				
Entry	#2				
Provi	de the type of drug or controlled substance.				
Cocaine or crack cocaine (Such as rock, freebase, etc.)					al meth, ecstasy, etc.)
	THC (Such as marijuana, weed, pot, hashish, et	tc.) Depress	ants (Such as	barbiturates, methaqualor	e, tranquilizers, etc.)
	☐ Ketamine (Such as special K, jet, etc.) ☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)				
H	dallucinogenic (Such as LSD, PCP, mushrooms	s, etc.) Steroids	(Such as the	clear, juice, etc.)	
	nhalants (Such as toluene, amyl nitrate, etc.)	Other (F	rovide explan	nation) ▶	
		Provide an estimate of the month and yet most recent involvement. (Month/Year)	ar	Provide the nature and fi	requency of activity.
	☐ Est.		Est.		
Provi	de the reason(s) why you engaged in the activi	ity.			
	your involvement while you were employed as on directly and immediately affecting the public		or courtroom o	official, or while in a	YES NO
Was your involvement while possessing a security clearance?					
Do you intend to engage in this activity in the future?					
	ES Provide explanation.				
N	10				
	•				

Enter your Social Security Number before going to the next page

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management

### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

### NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 23 - Illegal Use of Drugs and Drug Activity - (Continued) Have you EVER illegally used or otherwise been illegally involved with a drug or controlled substance 23.3 YES NO (If NO, proceed to 23.4) while possessing a security clearance other than previously listed? Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing a security clearance other than previously listed. Entry #1 Provide a description of your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Entry #2 Provide a description of your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this From Date (Month/Year) drug or controlled substance while possessing a security clearance. To Date (Month/Year) Present Est. Est. 23.4 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while YES NO (If NO, proceed to 23.5) employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed. Entry #1 Provide a description of the drugs or controlled substances used and your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Entry #2 Provide a description of the drugs or controlled substances used and your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity. From Date (Month/Year) To Date (Month/Year) Present Est. Est.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)	
dection 25 - inegal ose of brugs and brug Activity - (continued)	

Couldn't a megal ose of Brago and Brag Activity (Continued)	
23.5 In the last seven (7) years have you intentionally engaged in the modern whether or not the drugs were prescribed for you or someone else?	
Complete the following if you responded 'Yes' to in the last seven (7) year of whether the drugs were prescribed for you or someone else.	ars having intentionally engaged in the misuse of prescription drugs, regardless
Entry #1	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	ovide the reason(s) for and circumstances of the misuse of the prescription drug.
	3. 13. 13. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
From Date (Month/Year) To Date (Month/Year) Present	
Est.	
Was your involvement while you were employed as a law enforcement off position directly and immediately affecting the public safety?	icer, prosecutor, or courtroom official, or while in a
Was your involvement while possessing a security clearance?	YESNO
Entry #2	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	ovide the reason(s) for and circumstances of the misuse of the prescription drug.
	ovide the reason(e) for and encontentione of the finesses of the process paint along.
From Date (Month/Year) To Date (Month/Year) Present	
☐ Est. ☐ Est.	
Was your involvement while you were employed as a law enforcement off position directly and immediately affecting the public safety?	icer, prosecutor, or courtroom official, or while in a
Was your involvement while possessing a security clearance?	☐ YES ☐ NO
inter your Social Security Number before going to the next page	
	r

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

Section	on 23 - Illegal Use of Drugs and Drug Activity - (Continued)
23.6	Have you <b>EVER</b> been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?
	mplete the following if you responded 'Yes' to having <b>EVER</b> been ordered, advised, or asked to seek counseling or treatment as a result of your gal use of drugs or controlled substances.
Ent	try #1
	we any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? neck all that apply):
	An employer, military commander, or employee assistance program A court official / judge
	A medical professional I have not been ordered, advised, or asked to seek
	A mental health professional counseling or treatment by any of the above.
Pro	vide explanation ▶
Did	you take action to receive counseling or treatment?  YES (If YES, complete (b)) NO (If NO, complete (a))
(a)	You have indicated that you did not receive treatment.
	Provide explanation.
(b)	You have indicated that you did receive treatment.
(2)	Provide the type of drug or controlled substance for which you were treated.
	☐ Cocaine or crack cocaine (Such as rock, freebase, etc.) ☐ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
	THC (Such as marijuana, weed, pot, hashish, etc.)
	☐ Ketamine (Such as special K, jet, etc.) ☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)
	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
	☐ Inhalants (Such as toluene, amyl nitrate, etc.) ☐ Other (Provide explanation) ▶
	Provide the name of the treatment provider.  Last name  First name
	Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country
	Provide a telephone number for the treatment provider.    Day   Night   Provide the dates of treatment.
	Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

	gal use of drugs or controlled substances.				
	rry #2				
	eck all that apply):	ng or treatment as a result of your illegal use of drugs or controlled substances?			
	An employer, military commander, or employee assistance program	A court official / judge			
	A medical professional	I have not been ordered, advised, or asked to seek			
	A mental health professional	counseling or treatment by any of the above.			
Pro	vide explanation ▶				
Did	you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete (a			
(a)	You have indicated that you did not receive treatment.				
	Provide explanation.				
(b)	You have indicated that you did receive treatment.				
	Provide the type of drug or controlled substance for which you were tr	reated.			
	Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)			
	THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
	Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)			
	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)			
	Inhalants (Such as toluene, amyl nitrate, etc.)	☐ Other (Provide explanation) ▶			
	Provide the name of the treatment provider.  Last name  First name				
	Provide the address for this treatment provider. (Provide City and Country				
	Street City	State Zip Code Country			
		Provide the dates of treatment.			
		number From Date (Month/Year) To Date (Month/Year) Prese			
	Day [	Night Est. Est.			
	Did you successfully complete the treatment?	(Provide explanation)			

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management

### **QUESTIONNAIRE FOR**

Form approved: OMB No. 3206 0005

**NATIONAL SECURITY POSITIONS** 5 CFR Parts 731, 732, and 736 Section 23 - Illegal Use of Drugs and Drug Activity - (Continued) 23.7 Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or YES NO (If NO, proceed to Section 24) controlled substance? Complete the following if you responded 'Yes' to having EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? Entry #1 Provide the type of drug or controlled substance for which you were treated.

	freebase, etc.)		nts (Such as barbiturates, methaqualone, tranquilizers, et	C.)
THC (Such as marijuana, weed, pot, has	hish, etc.)	Hallucinog	genic (Such as LSD, PCP, mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)		Steroids (	Such as the clear, juice, etc.)	
Narcotics (Such as opium, morphine, cod	deine, heroin, etc.)	Inhalants	(Such as toluene, amyl nitrate, etc.)	
Stimulants (Such as amphetamines, spec	ed, crystal meth, ecstasy, etc.)	Other (Pr	rovide explanation) ▶	
Provide the name of the treatment provider. Last name	First name			
Provide the address for this treatment provide Street	er. ( <i>Provide City and Country if outsi</i> City	de the United State State	es; otherwise, provide City, State and Zip Code) Zip Code Country	
Provide a telephone number for the treatment provider.	Extension International phone numb	er		resent st.
Did you successfully complete the treatment?	P	ovide explanatio	n)	
Entry #2				
Provide the type of drug or controlled substar	nce for which you were treated.			
Cocaine or crack cocaine (Such as rock,	freebase, etc.)	Depressar	nts (Such as barbiturates, methaqualone, tranquilizers, et	c.)
THC (Such as marijuana, weed, pot, has	hish, etc.)	Hallucinog	genic (Such as LSD, PCP, mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)		Steroids (	Such as the clear, juice, etc.)	
Narcotics (Such as opium, morphine, cod	deine, heroin, etc.)	Inhalants	(Such as toluene, amyl nitrate, etc.)	
Stimulants (Such as amphetamines, spec	ed, crystal meth, ecstasy, etc.)	Other (Pr	rovide explanation) ▶	
Provide the name of the treatment provider. Last name	First name			
Provide the address for this treatment provide Street	 er. (Provide City and Country if outsi   City 	de the United State State	es; otherwise, provide City, State and Zip Code) Zip Code Country	
Provide a telephone number for the	_	or DSN phone	Provide the dates of treatment.	
treatment provider.	number  Day Nig	ht	_   _	resent st.
	☐ Day ☐ Nig	111		St.

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 24 - Use of Alcohol

24.1 In the last seven (7) years has your use of alcohol had a negative professional or personal relationships, your finances, or resulted in safety personnel?	
Complete the following if you responded 'Yes' to your alcohol use having relationships, your finances, or resulted in intervention by law enforceme	had a negative impact on your work performance, your professional or personal ent/public safety personnel.
Entry #1	
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Present
Est.	Est.
Provide circumstances.	Provide negative impact.
Entry #2  Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)  Est.	From Date (Month/Year)  Est.  Provide dates of involvement of use.  To Date (Month/Year)  Present  Est.
Provide circumstances.	Provide negative impact.
Entry #3  Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year)  Est.  To Date (Month/Year)  Present  Est.
Provide circumstances.	Provide negative impact.
Entry #4	
Provide the month/year when this negative impact occurred.  From Date (Month/Year)  Est.	Provide dates of involvement or use.  From Date (Month/Year)  Est.  To Date (Month/Year)  Present  Est.
Provide circumstances.	Provide negative impact.
ter your Social Security Number before going to the next pag	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 24 - Use of Alcohol - (Continued) 24.2 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of YES NO (If NO, proceed to 24.3) Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Entry #1 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply) An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. A mental health professional Other (Provide explanation) > NO (If NO, complete (a)) Did you take action to receive counseling or treatment? YES (If YES, complete (b)) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. You responded 'Yes' to having taken action to seek counseling or treatment. (b) Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment program? YES NO → (Provide explanation) ▶ Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. A mental health professional Other (Provide explanation) Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a)) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present □ Fst Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Provide telephone number. **Extension** International or DSN phone number Day Night Did you successfully complete the treatment program? $\square$ YES $\square$ NO $\longrightarrow$ (Provide explanation) $\blacktriangleright$

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 24 - Use of Alcohol - (Continued) 24.3 Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.4) Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment. Entry #1 Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country State Zip Code City Provide telephone number. Extension International or DSN phone number Day Night ☐ YES Did you successfully complete the treatment program? NO → (Provide explanation) ▶ Entry #2 Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country City Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment program? YES NO → (Provide explanation) ▶

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 24 - Use of Alcohol - (Continued)

24.4 Have you EVER received counselin you have already listed on this form		our use of alcohol in a	ddition to what	YES 1	NO (If NO, proceed to Section 25)
Complete the following if you responded '	<b>Yes'</b> to having <b>EVER</b> received	counseling or treatme	nt as a result of you	ur use of alcoh	ol.
Entry #1  Provide the name of individual counselor of	or treatment provider				
Name	or treatment provider.				
Provide the full address of the counseling/	treatment provider. (Provide Cit	and Country if outside th	e United States; other	vise, provide City	, State and Zip Code)
Street	City	State	Zip Code	Country	
Provide the name of agency/organization Name	where counseling/treatment w	as provided.			
Provide the address of agency/organization otherwise, provide City, State and Zip Code)	on where counseling/treatment	was provided. (Provide	e City and Country if ou	tside the United	States; Same as above
Street	City	State	Zip Code	Country	
Provide the dates of counseling or treatment From Date (Month/Year)  To Date Est.	ent. te (Month/Year) Present Est.				
Did you successfully complete your couns	eling or treatment?		YES (Provide	explanation)	NO (Provide explanation)
Explanation					
Entry #2					
Provide the name of individual counselor of Name	or treatment provider.				
Provide the full address of the counseling/ Street	treatment provider. <i>(Provide Cit</i>	and Country if outside th	e United States; others Zip Code	vise, provide City Country	, State and Zip Code)
Provide the name of agency/organization Name	where counseling/treatment w	as provided.			
Provide the address of agency/organization otherwise, provide City, State and Zip Code)	on where counseling/treatment	was provided. (Provide	e City and Country if ou	itside the United	States; Same as above
Street	City	State 	Zip Code	Country	
Provide the dates of counseling or treatment From Date (Month/Year)  Est.	ent. te (Month/Year) Present Est.	I			
Did you successfully complete your couns	eling or treatment?		YES (Provide	explanation)	NO (Provide explanation)
Explanation					

Enter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 25 - Investigations and Clearance Record Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you YES NO (If NO, proceed to 25.2) a security clearance eligibility/access? Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access. Entry #1 Provide the investigating agency: U.S. Department of Defense U.S. Department of Homeland Security U.S. Department of State Foreign government (Provide name of government) > U.S. Office of Personnel Management I don't know Federal Bureau of Investigation Other (Provide explanation) ▶ ☐ U.S. Department of Treasury (Provide name of bureau) ▶ Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. (Month/Year) I don't know Date the investigation was completed (Month/Year) I don't know Est. Est. Provide the level of clearance eligibility/access granted: None Confidential Secret I don't know Top Secret Issued by foreign country Sensitive Compartmented Information (SCI) Other (Provide explanation) Entry #2 Provide the investigating agency: U.S. Department of Defense U.S. Department of Homeland Security U.S. Department of State Foreign government (Provide name of government) U.S. Office of Personnel Management I don't know Federal Bureau of Investigation Other (Provide explanation) > U.S. Department of Treasury (Provide name of bureau) > Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. (Month/Year) Date the investigation was completed (Month/Year) I don't know I don't know Est. Est. Provide the level of clearance eligibility/access granted: None Confidential Secret I don't know Top Secret Issued by foreign country Sensitive Compartmented Information (SCI) Other (Provide explanation)

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736	NATIONAL SECONITI FOSI					
Section 25 - Investigations and Clearance F	Record - (Continued)					
25.2 Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)  YES NO (If NO, proceed to 25.3)						
Complete the following if you responded 'Ye	es' to having <b>EVER</b> had a security clearance eligibilit	cy/access authorization denied, suspended, or revoked.				
Entry #1						
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)	Provide the name of the agency that took the action.  Est.	Provide an explanation of the circumstances of the denial, suspension or revocation action.				
Entry #2						
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)	Provide the name of the agency that took the action.  Est.	Provide an explanation of the circumstances of the denial, suspension or revocation action.				
25.3 Have you EVER been debarred from	government employment?	YES NO (If NO, proceed to Section 26)				
Complete the following if you responded 'Ye	es' to having <b>EVER</b> been debarred from government	employment.				
Entry #1						
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)	Provide an explanation of the circumstances of the debarment.				
	Est.					
Entry #2		<u>I</u>				
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)	Provide an explanation of the circumstances of the debarment.				
	Est.					

Enter your Social Security Number before going to the next page -

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### NATIONAL SECURITY POSITIONS Section 26 - Financial Record 26.1 In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? YES NO (If NO, proceed to 26.2) Complete the following if you responded 'Yes' to in the last seven (7) years having filed a petition under any chapter of the bankruptcy code. Entry #1 Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number. Chapter 7 Chapter 11 Chapter 12 Chapter 13 Provide the date bankruptcy was Provide the date of bankruptcy Provide the total amount (in U.S. filed. (Month/Year) discharge. (Month/Year) Not Applicable dollars) involved in the bankruptcy. Est. Est. Est. Provide the name debt is recorded under. Suffix Last name First name Middle name Provide the name of the court involved. Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code (a) If Chapter 13 previously selected: Provide the name of the trustee for this bankruptcy. Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) NO (Provide explanation) Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number. Chapter 7 Chapter 11 Chapter 12 Chapter 13 Provide the date bankruptcy was Provide the date of bankruptcy Provide the total amount (in U.S. filed. (Month/Year) discharge. (Month/Year) Not Applicable dollars) involved in the bankruptcy. Est. ∃Est. ☐ Est. Provide the name debt is recorded under. Last name First name Middle name Suffix Provide the name of the court involved. Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country (a) If Chapter 13 previously selected: Provide the name of the trustee for this bankruptcy. Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) NO (Provide explanation) Provide Explanation.

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 26 - Financial Record - (Continued)				
6.2 Have you EVER experienced financial problems due	to gamb	oling?	☐ YES	NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EV				
	VEK exp	enericed ilitariciai problems due to gambling.		
Entry #1		Describe are actionate of the averaged (in 11 C	d-11-m-\ - <b>f</b>	in a da a a a a in a coma d
Provide the date range of your financial problems due to ga From Date (Month/Year) To Date (Month/Year)	•	Provide an estimate of the amount (in U.S. o	ioliars) or gambi	ing losses incurred.
	Present			
Provide a description of your financial problems due to gam	Est.	If you have taken any action(s) to rectify you	r financial proble	ome due to gambling provid
Provide a description of your financial problems due to gain	ibility.	a description of your actions. If you have not		
Entry #2				
Provide the date range of your financial problems due to ga	ambling.	Provide an estimate of the amount (in U.S. of	lollars) of gambl	ing losses incurred.
From Date (Month/Year) To Date (Month/Year)	Present			
	Est.			
Provide a description of your financial problems due to gam		I If you have taken any action(s) to rectify you	r financial proble	ems due to gambling, provid
, , ,	Ü	a description of your actions. If you have not		
6.3 In the last seven (7) years have you failed to file or	pay Fed	eral, state, or other taxes when required by la	aw NES	NO (If NO, proceed to 26.
or ordinance?				
Complete the following if you responded 'Yes' to having fai	led to file	e or pay Federal, state, or other taxes when r	equired by law o	or ordinance.
Entry #1				
	rovide th	e year you failed to file or pay your Federal,	state, or other ta	xes. □ Est
File Pay Both				
Provide the reason(s) for your failure to file or pay required	taxes.	Provide the Federal, state, or other agency		e of taxes you failed to file of
		to which you failed to file or pay taxes.	pay (sucn as p	roperty, income, sales, etc.)
Provide the amount (in U.S. dollars) of the taxes.	<b>-</b> .	Provide date satisfied. (Month/Year)	Not Applica	able
	Est.		Est.	
Provide a description of any action(s) you have taken to say	tisfy this	debt (such as withholdings, frequency and a	mount of payme	nts, etc.). If you have not
taken any action(s) provide explanation.				
Entry #2				
Did you fail to file, pay as required, or both?	rovide th	e year you failed to file or pay your Federal, s	state, or other ta	
File Pay Both				Est
Provide the reason(s) for your failure to file or pay required	taxes.	Provide the Federal, state, or other agency		e of taxes you failed to file
		to which you failed to file or pay taxes.	pay (such as p	roperty, income, sales, etc.)
Provide the amount (in U.S. dollars) of the taxes.		Provide date satisfied. (Month/Year)	Not Applica	able
	Est.		Est.	
Provide a description of any action(s) you have taken to sai	tisfy this	debt (such as withholdings, frequency and a	mount of payme	nts, etc.). If you have not
taken any action(s) provide explanation.				
ter your Social Security Number before going to th	ne next	nage		

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Contin	nued)							
26.4 In the last seven (7) years have agreement for a travel or credit of			disciplined	for violating t	he terms of	YES [	NO (If NO	), proceed to 26.5)
Complete the following if you responde provided by your employer.	ed <b>'Yes'</b> to hav	ving been counseled,	warned, or	disciplined f	or violating the terr	ns of agreeme	ent for a tra	vel or credit card
Entry #1								
Provide the name of the agency or con	mpany.							
Provide the address of the agency or o							ode)	
Street	Ci	•		state	Zip Code	Country		
Provide the date of your counseling, w	arning, or disc	iplinary action. <i>(Mor</i> [	nth/Year) F	Provide the re	ason(s) for the cou	nseling, warn	ing, or disci	plinary action.
Provide the amount (in U.S. dollars) of violation.		rovide a description o ction(s) provide expla		n(s) you have	taken to rectify thi	s situation. If	you have no	ot taken any
or violation.	Est.	ction(s) provide expla	nation.					
Entry #2								
Provide the name of the agency or con	npany.							
Provide the address of the agency or o							ode)	
Street	Ci I	ity	S	state I	Zip Code	Country I		
						<u> </u>		
Provide the date of your counseling, w	arning, or disc	iplinary action. <i>(Mor</i> [	nth/Year) F	rovide the re	ason(s) for the cou	nseling, warn	ing, or disci	plinary action.
Provide the amount (in U.S. dollars) of violation.		rovide a description o ction(s) provide expla		n(s) you have	taken to rectify thi	s situation. If	you have no	ot taken any
	Est.							
26.5 Are you currently utilizing, or see resolve your financial difficulties	?					YES [		), proceed to 26.6)
Complete the following if you responde resolve your financial difficulties.	ed Yes to bei	ng currently utilizing,	or seeking	assistance if	om, a credit couns	eling service (	or otner sim	lliar resource to
Entry #1								
Provide explanation.			Provide to	he name of th	ne credit counselin	g organization	or resource	е.
Provide the telephone number of the c		ng organization.			Provide the locat	tion of the cre		
Telephone number	Extension	International or	•	number	City			State
		Day Night						
As a result of this counseling, provide a provide explanation.	a description o	of any action(s) you h	ave taken t	o resolve you	ır financial difficulti	es. If you have	e not taken	any action(s),
Entry #2								
Provide explanation.			Provide t	he name of th	ne credit counselino	g organization	or resource	e.
Provide the telephone number of the c Telephone number	redit counselir Extension	ng organization.  International or  Day Night		e number	Provide the locat City	tion of the cre		ng organization. State
As a result of this counseling, provide a provide explanation.	I a description c			o resolve you	। ur financial difficultio	es. If you have	e not taken	any action(s),
nter your Social Security Number I	hefore going	n to the next nage	·					

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

26.6 Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)

- In the last seven (7) years, you have been delinquent on alimony or child support payments.
- In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

are the sole debtor, as well as those for which you are a cosigner or guarantor).
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #1
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the last seven (7) years, you have been delinquent on alimony or child support payments.
In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue provide the financial issue issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Not Resolved    Est.   Est.
Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page		
	Enter your Social Security Number before going to the next page	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 26 - Financial Record - (Continued)

Section 26 - Financial Record - (Continued)
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the last seven (7) years, you have been delinquent on alimony or child support payments.
In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)  Est.  Provide date the financial issue was resolved. (Month/Year)  Not Resolved  Est.
Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

YES NO (If NO, proceed to Section 27)

### Section 26 - Financial Record - (Continued)

- 26.7 Other than previously listed, have any of the following happened?
  - In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - In the last seven (7) years, you were evicted for non-payment?
  - In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
  - In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #1
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)  Provide date the financial issue was resolved. (Month/Year)  St.  Not Resolved  Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

ection 26 - Financial Record - <i>(Continued)</i>				
Complete the following if you answered 'Yes' to having ex	perienced o	one or more of the previously stated fi	nancial issues.	
Entry #2				
Provide the name of agency/organization/individual to which	ch debt is/w	vas owed.		
Did/does this financial issue include any of the following? (	Check all t	hat apply)	YES NO (If	NO, proceed to Section 27)
In the last seven (7) years, you had any possessions which you were the sole debtor, as well as those for whether the sole debtor is the sole debtor.			ed or foreclosed? (Include	e financial obligations for
In the last seven (7) years, you defaulted on any type which you were a cosigner or guarantor).	of loan? (I	nclude financial obligations for which	you were the sole debtor,	as well as those for
In the last seven (7) years, you had bills or debts turn as well as those for which you were a cosigner or guar		a collection agency? (Include financia	l obligations for which you	u were the sole debtor,
In the last seven (7) years, you had any account or complete obligations for which you were the sole debtor, as well				l? (Include financial
In the last seven (7) years, you were evicted for non-	payment?			
In the last seven (7) years, you had wages, benefits,	or assets g	arnished or attached for any reason?		
In the last seven (7) years, you were over 120 days of the sole debtor, as well as those for which you were a			nclude financial obligation	s for which you were
You are currently over 120 days delinquent on any debare a cosigner or guarantor).	ot? (Include	financial obligations for which you are	e the sole debtor, as well	as those for which you
Provide the associated loan/account number(s) involved.	Identify/d	escribe the type of property involved (	if any).	
Provide the amount (in U.S. dollars) of the financial issue.	Provide th	ne reason(s) for the financial issue.	Provide the current state	us of the financial issue.
Provide the date the financial issue began. (Month/Year)		Provide date the financial issue was	resolved. (Month/Year)	Not Resolved
	Est.			Est.
Provide a description of any action(s) you have taken to sataken any action(s), provide explanation.	atisfy this de	ebt (such as withholdings, frequency a	and amount of payments,	etc.). If you have not

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

#### Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as

evidence against you in a subsequent criminal pro government. The following questions ask about yo hardware, software, firmware, and data used for th	ur use of information technology	systems. Inform	ation technology sys	stems include all related computer
27.1 In the last seven (7) years have you illeg access any information technology system		on accessed or	attempted to	YES NO (If NO, proceed to 27.2)
Complete the following if you responded 'Yes' to any information technology system.	o having in the last seven (7) yea	ars illegally or w	vithout proper author	rization entered or attempted to enter into
Entry #1				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	ce. (Provide City and Country if outside	the United States	; otherwise, provide City	y, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	re, criminal or other) taken as a re	sult of this incid	dent.	
Entry #2				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	L	the United States	: otherwise, provide City	v. State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	ve, criminal or other) taken as a re	sult of this incid	dent.	
27.2 In the last seven (7) years have you illegthed denied others access to information resid above?				YES NO (If NO, proceed to 27.3)
Complete the following if you responded 'Yes' to denied others access to information residing on				, modified, destroyed, manipulated, or
Entry #1				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	Ce. (Provide City and Country if outside	the United States	; otherwise, provide Cit	v, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	re, criminal or other) taken as a re	sult of this incid	dent.	
Entry #2				
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incide	ent or offense.	
Est.				
Provide the location where the incident took place Street		the United States State	; otherwise, provide City Zip Code	v, State and Zip Code) Country
Sileet	City	State	Zip Code	Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this incid	dent.	

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### **QUESTIONNAIRE FOR**

J.S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURI	TY POSIT	IONS	
Section 27 - Use of Information Technology Sys	tems - (Continued)			
27.3 In the last seven (7) years have you intro- connection with any information technolog by rules, procedures, guidelines, or regula	y system without authorization, w	hen specifically		YES NO (If NO, proceed to Section 28)
Complete the following if you responded 'Yes' to connection with any information technology systemattempted any of the above.				
Entry #1				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the natu	ure of the incide	ent or offense.	
Provide the location where the incident took plac Street	e. (Provide City and Country if outside City	the United States State	s; otherwise, provide Cit Zip Code	v, State and Zip Code) Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this incid	dent.	
Entry #2				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the natu	ure of the incide	ent or offense.	
Provide the location where the incident took place Street	e. ( <i>Provide City and Country if outside</i> City	the United States State	s; otherwise, provide Cit Zip Code	v, State and Zip Code) Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this incid	dent.	

Provide the date of the civil action. (Month/Year)

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

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#### Section 28 - Involvement in Non-Criminal Court Actions In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on YES NO (If NO, proceed to Section 29) this form? Complete the following if you responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last ten (10) years. Entry #1 Provide the court name. Provide the date of the civil action. (Month/Year) Est. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Country Zip Code Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action. Entry #2

Provide the court name.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Est.

Street	City 	State	Zip Cod	е	Country
Provide details of the nature of the action.	Provide a description of the	e results of the ac	ction.	Provide the involved in	ne name(s) of the principal parties n the court action.
er your Social Security Number before (	going to the next page				<b>&gt;</b>

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

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#### Section 29 - Association Record

adv dan	following pertain to your assocerse employment, security, or congerous to human life and appearation or to affect the conduct of	redentialing deci ar to be intended	sion. For the purpos to intimidate or coe	se of this que rce a civilian	estion, terrorism population to in	is defined as any confluence the policy of	riminal acts	that involve violence or are
29.1	Are you now or have you I awareness of the organiza						YES	NO (If NO, proceed to 29.2)
	complete the following if you res ne organization's dedication to t					anization dedicated	to terrorism	, either with an awareness of
	ntry #1 rovide the full name of the orga	nization.						
_								
	rovide the address/location of t treet	he organization.	(Provide City and Cour City	atry if outside th	ne United States; o State	therwise, provide City, Zip Code	State and Zip Country	Code)
	rovide the dates of your involverom Date (Month/Year)	ement with the or To Date (Month		Provide all	positions held i	I n the organization, i	f any.	No positions held
	rovide all contributions made to ganization, if any.	the No c	contributions made	Provide a coorganizatio		e nature of and reas	ons for you	r involvement with the
_	ntry #2							
   _	rovide the full name of the orga							
S	rovide the address/location of t treet		City		State	Zip Code	Country	
	rovide the dates of your involverom Date (Month/Year)  Est.	ement with the or To Date (Month	-	Provide all	positions held i	n the organization, i	f any.	No positions held
	rovide all contributions made to rganization, if any.	the No c	contributions made	Provide a c organizatio		e nature of and reas	ons for you	r involvement with the

Enter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 29 - Association Record - (Continued)	
29.2 Have you EVER knowingly engaged in any acts of terrorism?	YES NO (If NO, proceed to 29.3)
Complete the following if you responded 'Yes' to EVER having knowingly engaged in a	any acts of terrorism.
Entry #1	
Describe the nature and reasons for the activity.	Provide the dates for any such activities.  From Date (Month/Year)  Est.  To Date (Month/Year)  Present  Est.
Entry #2	
Describe the nature and reasons for the activity.	Provide the dates for any such activities.  From Date (Month/Year)  Est.  To Date (Month/Year)  Present  Est.
29.3 Have you EVER advocated any acts of terrorism or activities designed to overther force?	row the U.S. Government by YES NO (Proceed to 29.4)
Complete the following if you responded 'Yes' to having EVER advocated any acts of to force.	terrorism or activities designed to overthrow the U.S. Government by
Entry #1	
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.  From Date (Month/Year)  Est.  Present  Est.
Entry #2	
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.  From Date (Month/Year)  Est.  Provide the dates of advocating acts of terrorism.  To Date (Month/Year)  Present  Est.

Enter your Social Security Number before going to the next page

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organization, if any.

### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

#### NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 29 - Association Record - (Continued) 29.4 Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow YES NO (If NO, proceed to 29.5) the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities. Entry #1 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide all contributions made to the Provide a description of the nature of and reasons for your involvement with the No contributions made organization, if any. organization. Entry #2 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide all contributions made to the Provide a description of the nature of and reasons for your involvement with the

organization.

No contributions made

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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### Section 29 - Association Record - (Continued)

Complete the following if you responded "Yes" to being or EVER having been a member of an organization that advocates or practices commission of as force or volence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to fur such action.    Provide the full name of the organization.   Provide City and Country if outside the United States: otherwise, provide City. State and Zip Code)   Street	Have you <b>EVER</b> been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?						
Provide the full name of the organization.  Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street City State Zip Code Country  Provide the dates of your involvement with the organization.  From Date (Month/Year)	force or violence to discourage of	ponded 'Yes' to being or EVER have thers from exercising their rights un	ring been a m der the U.S. (	ember of an org Constitution or th	panization that advo	ocates or pr the U.S. wit	ractices commission of acts of h the specific intent to further
Provide the full name of the organization.  Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street City State Zip Code Country  Provide the dates of your involvement with the organization.  From Date (Month/Year)	Entry #1						
Street		nization.					
From Date (Month/Year)		_	ntry if outside the				Code)
From Date (Month/Year)							
Entry #2  Provide the full name of the organization.  Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country  Provide the dates of your involvement with the organization.  Provide the dates of your involvement with the organization.  From Date (Month/Year)  Est.  Provide all positions held in the organization, if any.  No positions held  Provide all contributions (in U.S. dollars)  No contributions made  Provide a description of the nature of and reasons for your involvement with the	From Date (Month/Year)	To Date (Month/Year) Present		positions held in	the organization, i	f any.	No positions held
Provide the full name of the organization.  Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country  Provide the dates of your involvement with the organization.  Provide all positions held in the organization, if any.  No positions held  From Date (Month/Year) Est.  Provide all contributions (in U.S. dollars) No contributions made Provide a description of the nature of and reasons for your involvement with the	Provide all contributions (in U.S. made to the organization, if any.	dollars) No contributions made			nature of and reas	sons for you	ur involvement with the
Provide the full name of the organization.  Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country  Provide the dates of your involvement with the organization.  Provide the dates of your involvement with the organization.  Provide all positions held in the organization, if any.  No positions held  From Date (Month/Year)  Est.  Provide all contributions (in U.S. dollars)  No contributions made  Provide a description of the nature of and reasons for your involvement with the	Entry #2		1				
Street City State Zip Code Country  Provide the dates of your involvement with the organization. From Date (Month/Year) Est. Provide all contributions (in U.S. dollars) No contributions made To bate (Month/Year) Present Provide all contributions (in U.S. dollars) No contributions made Provide a description of the nature of and reasons for your involvement with the		nization.					
Provide the dates of your involvement with the organization. From Date (Month/Year)  Est.  Provide all positions held in the organization, if any.  No positions held  Present  Est.  Provide all contributions (in U.S. dollars)  No contributions made  Provide a description of the nature of and reasons for your involvement with the		=	ntry if outside the				Code)
From Date (Month/Year)  Est.  Present  Est.  Provide all contributions (in U.S. dollars) No contributions made  Provide a description of the nature of and reasons for your involvement with the	Street	City 		State	Zip Code	Country	
From Date (Month/Year)  Est.  Provide all contributions (in U.S. dollars) No contributions made  To Date (Month/Year) Present  Est.  Provide a description of the nature of and reasons for your involvement with the	Durvide the detector of very involve		I Danisida alla		**************************************	f	□ No nositions hold
Est. Est.  Provide all contributions (in U.S. dollars) No contributions made Provide a description of the nature of and reasons for your involvement with the	-	T- D-4- 44 4 44	·	oositions neid in	the organization, i	t any.	No positions neid
	I						
		dollars) No contributions made			nature of and reas	sons for you	ur involvement with the

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

SFR Parts 731, 732, and 736	POSITIONS		
Section 29 - Association Record - (Continued)			
29.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S.	Government by force?	YES NO (If NO, pro	ceed to 29.7)
Complete the following if you responded 'Yes' to having EVER knowingly engaged in	activities designed to overthrow the	U.S. Government by for	rce.
Entry #1			
Describe the nature and reasons for the activity.	Provide the dates of such activiti		
	From Date (Month/Year)	To Date (Month/Year)	Present
	Est.		Est.
Entry #2	Describe the data of south a state		
Describe the nature and reasons for the activity.	Provide the dates of such activiting From Date (Month/Year)	es. To Date (Month/Year)	
	Est.		Present Est.
29.7 Have you EVER associated with anyone involved in activities to further terrorisn	<u> </u>	YES NO	
Complete the following if you responded 'Yes' to having EVER associated with anyone			
	e involved in activities to further terr	OHSHI.	
Entry #1 Provide explanation.			
Trovide explanation.			
Entry #2			
Provide explanation.			

Enter your Social Security Number before going to the next page -

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space	
Use the space below to continue answers or a blank sheet(s) of paper. Include your name and SSN at the top of each banswer, identify the number of the item and attempt to maintain sequential order and question format.	olank sheet(s). Before each
After completing this form and any attachments, you should review your answers to all questions to make sure the for and then sign and date the following certification and the attached release(s).  Certification  My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and beliefurther affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the focomplete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment understand that intentionally withholding, misrepresenting, falsifying, or including classified information may have a negative effective complete.	ef and are made in good faith. I oregoing instructions to nt or both (18 U.S.C. 1001). I
employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and deba	arment from Federal service.
Signature (Sign in ink)	Date signed (mm/dd/yyyy)
Fatourious Contal Consulty Number hafour water to the word water	
Enter your Social Security Number before going to the next page	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)		Full name (Type or print le	gibly)		Date signed (mm/dd/yyyy)
Other names used				Date of birth	Social Security Number
Current street address Apt. #	City (Cou	intry)	State	ZIP Code	Telephone number
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Enter your Social Security Number before going to the next page	<b>———</b>	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Date signed (mm/dd/yyyy)

# UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

#### Authorization

Signature (Sign in ink)

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity. Revocation of this authorization is not effective until received by my health care provider/entity. I understand that I may revoke this authorization, except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Full name (Type or print legibly)

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Other names used				Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number
For Use By Practitioner(s) Only				
Does the person under investigation have a	condition that could impair his	or her ju	dgment, reliability,	or trustworthiness?
		-		
☐ YES ☐ NO				
	141			
If so, describe the nature of the condition and	d the extent and duration of th	ie impairn	nent or treatment.	
What is the prognosis?				
Dates of treatment?				
Signature (Sign in ink)	Practitioner name			Date signed (mm/dd/yyyy)
3 (-3 )				
Enter your Social Security Number before going				

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### UNITED STATES OF AMERICA

#### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

#### **Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### **Purpose**

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### **Authorization**

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Print Name	Social Security Number
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Signature (Sign in ink)	Date signed (mm/dd/yyyy)

Enter your Social Security Number before going to the next page	
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